

Extramural Institutional Certification*

OMB Control Number: 0925-0670
Expiration Date: November 30, 2022

For studies using data generated from cell lines created or clinical specimens collected before January 25, 2015, that lack consent

Date: [MM/DD/YYYY]

Name of GPA:

Genomic Program Administrator

_____, NIH, HHS

9000 Rockville Pike

Bethesda, MD 20892-7395

Re: Institutional Certification of _____ [NAME OF INSTITUTION] to Accompany
Submission of the Dataset from _____ [ORIGINAL STUDY NAME¹] for
_____ [PROJECT TITLE FOR DATA TO BE SUBMITTED]

to an NIH-designated data repository.

Dear

The submission of data to the NIH-designated data repository is being made with institutional approval from _____, along with appropriate institutional approvals from collaborating sites, as listed here:

[IF APPLICABLE ENTER COLLABORATING SITE NAMES HERE AND CLICK 'ADD TO LIST'] **LIST OF COLLABORATING SITES**

The _____ hereby assures that submission of data from the study entitled _____ to an NIH-designated data repository meets the following expectations, as defined in the [NIH Genomic Data Sharing Policy](#):

- The data submission is consistent, as appropriate, with applicable national, tribal, and state laws and regulations as well as relevant institutional policies.

* Certification must be provided for all sites contributing samples. If more than one site is contributing samples, the primary site may submit one Institutional Certification indicating that they are providing certification on behalf of all collaborating sites. Alternatively, each site providing samples may provide its own Institutional Certification.

The individual-level data are to be made available through (check one)

controlled-access ²

unrestricted access ³

If **unrestricted access** is marked, the data use limitations table on the following page(s) does not need to be completed.

NIH provides genomic summary results⁴ (GSR) from most studies submitted to NIH-designated data repositories through unrestricted access. However, data from data sets considered to have particular ‘sensitivities’ related to individual privacy or potential for group harm (e.g., those with populations from isolated geographic regions, or with rare or potentially stigmatizing traits) may be designated as “sensitive” by

In such cases, “controlled-access” should be checked below and a brief explanation for the sensitive designation should be provided. GSR from any such data sets will only be available through controlled-access.

The genomic summary results (GSR) from this study are only to be made available through controlled-access.

Explanation if controlled-access was selected for GSR.

Institutional Certification

NIH expects the submitting institution(s) to select one of the three standard [Data Use Limitations](#) (DULs) for appropriate secondary use, or, if necessary, create a customized DUL. DULs are developed based on the original informed consent of the participant(s).

Data Use Limitations

General Research Use	GRU	Use of the data is limited only by the terms of the Data Use Certification: these data will be added to the dbGaP Collection .
Health/Medical/Biomedical	HMB	Use of the data is limited to health/medical/biomedical purposes, does not include the study of population origins or ancestry.
Disease-specific [list disease]	DS	Use of the data must be related to the specified disease.
Other		[ENTER CUSTOMIZED TEXT, IF APPLICABLE]

Additional modifiers to the standard DULs (e.g., Not-for-profit Use Only) can be indicated, if appropriate. Use of the modifiers should have a basis in the informed consent from the participants or in special knowledge of the preferences of the original study population.

Data Use Limitation Modifiers (Optional)

IRB Approval Required	IRB	Requestor must provide documentation of local IRB approval.
Publication Required	PUB	Requestor agrees to make results of studies using the data available to the larger scientific community.
Collaboration Required	COL	Requestor must provide a letter of collaboration with the primary study investigator(s).
Not-for-profit Use Only	NPU	Use of the data is limited to not-for-profit organizations.
Methods	MDS	Use of the data includes methods development research (e.g., development and testing of software or algorithms).
Genetic Studies Only	GSO	Use of the data is limited to genetic studies only.

Using the tables above, please indicate in the table below the consent group(s) for each collaborating study site. Use one row per consent group.

Collaborating Site Name	Data Use Limitation	Data Use Limitation Modifiers (optional)					
<i>Eg: Cold Cohort Study</i>	<i>Health/Medical/Biomedical</i>	IRB <input type="checkbox"/>	PUB <input type="checkbox"/>	COL <input type="checkbox"/>	NPU <input type="checkbox"/>	MDS <input type="checkbox"/>	GSO <input type="checkbox"/>
<i>Eg: Cold Cohort Study</i>	<i>Disease Specific Research [_____]</i>	IRB <input type="checkbox"/>	PUB <input type="checkbox"/>	COL <input type="checkbox"/>	NPU <input checked="" type="checkbox"/>	MDS <input type="checkbox"/>	GSO <input type="checkbox"/>
		IRB <input type="checkbox"/>	PUB <input type="checkbox"/>	COL <input type="checkbox"/>	NPU <input type="checkbox"/>	MDS <input type="checkbox"/>	GSO <input type="checkbox"/>
		IRB <input type="checkbox"/>	PUB <input type="checkbox"/>	COL <input type="checkbox"/>	NPU <input type="checkbox"/>	MDS <input type="checkbox"/>	GSO <input type="checkbox"/>
		IRB <input type="checkbox"/>	PUB <input type="checkbox"/>	COL <input type="checkbox"/>	NPU <input type="checkbox"/>	MDS <input type="checkbox"/>	GSO <input type="checkbox"/>
		IRB <input type="checkbox"/>	PUB <input type="checkbox"/>	COL <input type="checkbox"/>	NPU <input type="checkbox"/>	MDS <input type="checkbox"/>	GSO <input type="checkbox"/>

Sincerely,

Investigator:

Name: _____ Title: _____

Signature: _____ Date: _____

Institutional Signing Official:⁵

By signing below, I certify on behalf of that, in addition to myself, an IRB or Privacy Board or equivalent body, and other relevant senior-level institutional staff (e.g., Dean, Vice President/Provost for Research, Chief Science Officer) have reviewed the requirements in this certification and agree that the submission meets them.

Name: _____ Title: _____

Signature: _____ Date: _____

References

1. Original Study Name should reflect the name of the original IRB-approved study (e.g., cohort or case-control study, clinical trial) under which participants provided informed consent and biospecimens were collected (e.g., Nurses' Health Study, Framingham Heart Study).
2. Data made available for secondary research only after investigators have obtained approval from NIH to use the requested data for a particular project.
3. Data made publicly available to anyone.
4. Genomic summary results are results from primary analyses of genomic research that convey information relevant to genomic associations with traits or diseases across datasets rather than data specific to any one individual research participant (e.g., genotype counts and frequencies; allele counts and frequencies; effect size estimates and standard errors; likelihoods; and p-values).
5. Under the NIH Genomic Data Sharing Policy, an Institutional Signing Official is generally a senior official at an institution who is credentialed through the NIH eRA Common system and is authorized to enter the institution into a legally binding contract and sign on behalf of an investigator who has submitted data or a data access request to NIH.

OMB Control Number: 0925-0607

Expiration Date: July 31, 2019

Public reporting burden for this collection of information is estimated to vary from 15 to 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0670). Do not return the completed form to this address.