

Instructions for completing the Key Personnel Supplement

This document: All requesters of Research Identifiable File (RIF) data must complete a Key Personnel Supplement. It identifies the requester, key contacts and collaborators for RIF requests.

General Instructions

1. Answer every item in the document.
2. Do not alter the layout or content of the document.
3. Submit to ResDAC in PDF format.

Specific Instructions

A

Enter the name of the Requester listed on the RIF Data Use Agreement (DUA). The **Requester** is the individual authorized to sign agreements on behalf of the requesting organization. This person is often referred to as the ‘legal signatory’. This person accepts all terms and conditions in the DUA and attests that all information contained in the request is accurate.

B

Enter the exact legal name of the Requesting Organization listed on the RIF DUA in section 1.

C

Enter the exact Study Title listed on the RIF DUA in section 3.

D

Enter the Requester’s organization email address. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com).

RESEARCH IDENTIFIABLE FILE (RIF) REQUEST APPLICATION: KEY PERSONNEL SUPPLEMENT	
Requester	A <i>Must match the individual specified in the RIF DUA.</i>
Requesting Organization	B <i>Must match the organization specified in the RIF DUA.</i>
Study Title	C <i>Must match the study title specified in section 3 of the RIF DUA.</i>
IDENTIFY THE KEY PERSONNEL	
1. Requester Contact Information: <i>The Requester is the person authorized to legally bind their organization to the terms specified in the DUA. Per CMS requirements, there must only be one Requester on each DUA.</i>	
Email	D
Phone Number	
Organization Address	E
2. Collaborating Organizations (If applicable): F <i>A Collaborating Organization is an organization that works with the requesting organization, is involved in the research, and is viewing or accessing unaggregated data. Collaborators that are only accessing aggregated and de-identified results that meet the cell suppression policy outlined in section 5 of the CMS DUA should not be listed.</i>	
<i>Will this study have a collaborating organization(s)? If yes, please list the organization(s) in the following table and complete a Collaborating Organization Supplement.</i>	
Organization Name	
Organization Address	G
Organization Name	
Organization Address	
Organization Name	
Organization Address	
Organization Name	
Organization Address	

(Instructions continue on page 2)

E

Enter a physical address for the Requester. CMS will not accept a PO box or foreign address.

F

Complete this section only if there is a collaborating organization that will have access to raw/unaggregated data (e.g., cell sizes smaller than 11). Enter the legal name and physical address of the collaborating organization. Each collaborating organization must complete the Collaborating Organization Supplement. A **Collaborating Organization** works with the requesting organization, is involved in the research, and will be viewing or accessing unaggregated data or results that do not meet the [cell suppression policy](#) outlined in section 5 of the CMS DUA.

G

Enter a physical address for the collaborating organization. CMS will not accept a PO box or foreign address.

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Organization Address	
Organization Name	
Organization Address	
Organization Name	
Organization Address	

H

Enter the names, phone numbers, email addresses and legal organizations of up to three individuals such as a study coordinator or principal investigator. At least one additional contact is required per DUA. When making a contact change as part of an amendment, list one to three individuals who should be listed as additional contacts, including those already listed on the DUA. The **Additional Contact** is an additional individual (who isn't a requester or custodian) who should receive notifications about the DUA and will be able to perform certain DUA functions.

Check the collaborator box if the additional contact is from a collaborating organization.

RESEARCH IDENTIFIABLE FILE (RIF) REQUEST APPLICATION: KEY PERSONNEL SUPPLEMENT			
3. Additional Contact(s):			
H <i>An Additional Contact is an individual that is involved in the research study. An individual listed as an additional contact will receive notifications about the DUA and will be able to perform certain DUA functions.</i>			
Name of Additional Contact _____			
Email _____		Phone Number _____	
Organization _____			<input type="checkbox"/> Collaborator
Name of Additional Contact _____			
Email _____		Phone Number _____	
Organization _____			<input type="checkbox"/> Collaborator
Name of Additional Contact _____			
Email _____		Phone Number _____	
Organization _____			<input type="checkbox"/> Collaborator