



Project Name: _____

Department: _____

IRB Protocol Number, if applicable: _____

Contact Name: _____

Information is de-identified when none of the following 18 types of identifiers are contained in the information and if no one accessing the information has actual knowledge that the information could be used – alone or in combination with other information – to identify any individual who is the subject of the information.

- | | |
|--|---|
| <input type="checkbox"/> Names (including initials) | <input type="checkbox"/> Fax number |
| <input type="checkbox"/> Addresses (All geographic subdivisions smaller than a state) <ul style="list-style-type: none">• Street address, city, county, town, precinct• Zip code or equivalent geocodes (except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: 1) the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people, and 2) the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000) | <input type="checkbox"/> Email address |
| <input type="checkbox"/> Dates: All elements of date (except year) directly related to the individual (birth date, death date, admission and discharge dates, clinic visit date) <ul style="list-style-type: none">• All ages over 89 or dates indicating such an age | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Telephone number | <input type="checkbox"/> Medical Record Number |
| | <input type="checkbox"/> Health Plan Beneficiary Number |
| | <input type="checkbox"/> Account Numbers |
| | <input type="checkbox"/> Certificate or license numbers |
| | <input type="checkbox"/> Vehicle identification/serial numbers including license plate numbers |
| | <input type="checkbox"/> Device identification/serial numbers |
| | <input type="checkbox"/> Universal Resource Locators (Web URL's) |
| | <input type="checkbox"/> Internet Protocol (IP) addresses |
| | <input type="checkbox"/> Biometric Identifiers (includes fingerprints and voiceprints) |
| | <input type="checkbox"/> Full face and other identifiable photographic images and any comparable images |
| | <input type="checkbox"/> Any other unique identifying number, characteristic or code (may include clinical trial record number, barcode, revealing occupation, unique condition or publicized clinical event) |

I confirm that the information to be used and/or disclosed contains none of these identifiers and that I have no actual knowledge that the information could, alone or in combination, be used to identify any individual subject of the information.

Print Name

Signature

Date