

Instructions for completing the DUA Signature Addendum

This document: All Research Identifiable File (RIF) requests must include a completed Data Use Agreement (DUA) Signature Addendum if adding or replacing a contact on a DUA. This form is used when changing a Data Custodian for DUAs that have not yet established a Data Management Plan Self-Attestation Questionnaire (DMP SAQ) or adding a VRDC seat holder.

General Instructions

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

Specific Instructions

A
Enter your DUA number if completing this form for an amendment request. If submitting a new request, leave blank.

B
Select your user role from the drop-down menu.

C
Enter the exact Study Title listed on the DUA if completing this form for an amendment request. If submitting a new request, enter the exact Study Title listed on Attachment A: RIF Application.

D
Enter the name of the contact being added or replacing someone on the DUA.

E
Enter the contact's phone number.

(Instructions continue on page 2)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0734

DATA USE AGREEMENT (DUA) SIGNATURE ADDENDUM FOR RESEARCH IDENTIFIABLE FILES ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Please complete this form, if you are adding or replacing a contact to a Data Use Agreement (DUA) for a:

- **Data Custodian:** Individual who will be responsible for ensuring that the environment in which the CMS data is stored complies with all applicable CMS data security requirements, including the establishment and maintenance of security arrangements to prevent unauthorized use. CMS requires only one custodian per DUA.
- **Virtual Research Data Center (VRDC) Seat Holder:** Individual who has access to the CMS data per the DUA through the CMS VRDC.

Important Notes:

- All fields are required.
- We do **not** require this form for updates to existing contact information (e.g., e-mail address, phone numbers), but only to add an individual who is not already on the DUA.
- We do not accept P.O. Boxes for an address.
- We do not accept foreign addresses outside of United States' territories
- We do not accept personal e-mail addresses (@yahoo, @gmail, @outlook, etc.). Your e-mail must be associated with your employer, organization, or university.

DUA Number: **A** _____ User Role: **B** _____

Study Title: **C** _____

Name: **D** _____ Phone: **E** _____ Ext: _____

Organization: **F** _____

Street Address: **G** _____

City: _____ State: _____ Zip: _____

Email: **H** _____

By signing this form, you are attesting to the terms and conditions defined in the original Data Use Agreement (DUA).

Signature: **I** _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Md. 21244-1850.

Form CMS-R-0235A (06/12)

F

Enter the exact legal name of the contact's organization.

G

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

H

Enter the contact's email address associated with an employer, organization, or university. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com).

I

When directed by ResDAC, the contact signs the document here. CMS will accept digital signatures on this form.

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