

Dated \_\_\_\_\_

**Exhibit to the MASTER DATA USE AGREEMENT**

**BY AND BETWEEN**

**UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM &  
UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE**

**AND**

**UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING**

Requester Information:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Requested information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individuals permitted to use and/or receive the limited data set:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School of Nursing Approval:

PI is HIPAA trained. PI assumes responsibility to ensure all individuals permitted access to the limited data set are HIPAA trained.

PI Signature: \_\_\_\_\_ Date \_\_\_\_\_

IT consultation and approval.

IT Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

Nursing Research Approval, based on the completed items listed above.

Office of Nursing Research Signature: \_\_\_\_\_ Date \_\_\_\_\_

IRB Approval:

Title: \_\_\_\_\_

IRB#: \_\_\_\_\_

Sponsor: \_\_\_\_\_

IRB Approval Signature \_\_\_\_\_

\*IRB to upload this completed Schedule to HSERA.