

# Instructions for completing the RIF Data Use Agreement: Amendment Request

**This document:** This document is used for people requesting to make an amendment, update or change to an existing Data Use Agreement (DUA). It collects the information needed to describe the nature of the requested change. **Note:** Additional supporting documents may be needed for amendment requests. See [ResDAC's website](#) for information on required documentation.

## General Instructions

1. Answer every item in the document.
2. Do not alter the layout or content of the document.
3. The DUA is not finalized/signed until end of ResDAC review progress. Do not sign until directed by ResDAC.
4. Submit to ResDAC in Word format.

## Specific Instructions

**A** Enter the name of the Requester listed on the Research Identifiable File (RIF) 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 DUA number. It must match the original.

**E** Check all boxes that apply. At least one box must be checked.

*(Instructions continue on page 2)*

For CMS Use Only

<b>Amendment Approval Date:</b>	<b>CMS Approver Signature:</b>
<b>Notes:</b>	

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**GENERAL INSTRUCTIONS**

- At the onset of your request, please only provide an **unsigned, draft** document in **Word** format
- Additional supporting documents may be needed for amendments, please visit ResDAC's website for information on required documentation at the following link: <https://www.resdac.org/managing-your-project-after-obtaining-data>

<b>DUA Requester</b>	<b>A</b>	<i>Must match the individual specified in the RIF DUA.</i>
<b>Requesting Organization</b>	<b>B</b>	<i>Must match the organization specified in the RIF DUA.</i>
<b>Study Title</b>	<b>C</b>	<i>Must match the study title specified in section 3 of the RIF DUA</i>
<b>DUA #</b>	<b>D</b>	

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**REQUESTED ACTION(S) TO AMEND THIS DUA (CHECK ALL THAT APPLY):** **E**

I am requesting the same data files with the same cohort for the same project, but data for the most recent quarters/years, specifically the following:

**F** Add rows to the table as needed by clicking on the 'x' in the lower right of the table.

Data File Name	Years/Quarters Requested <sup>1</sup>	Cohort	DUA # (reuse only)	Dissemination
<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>

I am requesting data files that have **not** been previously covered under this DUA, specifically the following:

**F** Add rows to the table as needed by clicking on the 'x' in the lower right of the table.

Data File Name	Justification for how each data file will be used in the analysis	Years/Quarters Requested <sup>2</sup>	Cohort	DUA # (reuse only)	Dissemination
<b>G</b>	<b>L</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>

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. The valid OMB control number for this information collection is 0938-0734 (Expires 12/31/2027). This information collection allows CMS to determine if the research disclosure complies with federal laws and regulations, as well as CMS policy. The information collected in the DMP SAQ enables CMS to evaluate researcher data systems to ensure that CMS data are adequately secured and appropriately protected, as per the Privacy Act and the HIPAA Privacy Rule. CMS is permitted to disclose data files for approved research purposes in compliance with 45 CFR 164.512(i). Researchers requesting data files must, as part of the request process, complete a research request packet that provides CMS with information pertaining to the research study, including describing how the research results/findings will be disseminated, as well as the data files being requested. Should CMS approve the research request, the data requestor enters into a Data Use Agreement (DUA). This data collection is required based on 45 CFR 164.512(i). The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete 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: PKA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*CMS Disclosure\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PKA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact [DataUseAgreement@cms.hhs.gov](mailto:DataUseAgreement@cms.hhs.gov).

<sup>1</sup> Please refer to the ResDAC website for information on data file availability.  
<sup>2</sup> Please refer to the ResDAC website for information on data file availability.

# F

Each row must only contain a single combination of exact file name, cohort and DUA. If a request has more than one combination for a specific file name, each needs to be a separate row. If additional rows are needed, click in the last row of the table, then on the '+' in the lower right area of the table. The contents of this table must be consistent with the specification worksheet.

# G

Insert the full file name. Only include one file name per row.

# H

Insert the years/quarters of data currently being requested. Do not add years/quarters of data you already hold (even from a prior amendment) or future data that is not currently available.

# I

In the dropdown, select whether the data are a % cohort, such as a 5%, 20%, 100% or custom cohort.

# J

If reusing data, enter the DUA number you are reusing from. Otherwise, leave blank.

# K

In the dropdown, select whether you will receive physical data or use the VRDC.

# L

If you checked the box indicating you are requesting new files, describe how the file will be used in your study in one to two sentences.

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<i>Must match the individual specified in the RIF DUA.</i>	
<b>Requesting Organization</b>	<b>B</b>
<i>Must match the organization specified in the RIF DUA.</i>	
<b>Study Title</b>	<b>C</b>
<i>Must match the study title specified in section 3 of the RIF DUA</i>	
<b>DUA #</b>	<b>D</b>

**REQUESTED ACTION(S) TO AMEND THIS DUA (CHECK ALL THAT APPLY):** **E**

I am requesting the same data files with the same cohort for the same project, but data for the most recent quarters/years, specifically the following:

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# M

If you check this box, also check at least one sub-box for action type.

# N

**Note:** Funding is no longer tracked by CMS and an amendment to change the funding source for a DUA is not necessary.

# O

If requesting an amendment not listed above, add one to three sentences describing the requested change.

# P

Submit draft only - do not sign until directed by ResDAC.

# Q

Enter the name of the Requester listed above.



I am requesting another type of modification (e.g. study objectives/aims, linkage of CMS data to non-CMS data, etc.) of the Attachment A - RIF Application.

- M**  I am requesting a change related to CCW VRDC access:
  - Seat Extension: [Enter # of Seats & qtrs./1yr.]
  - Seat Addition: [Enter # of Seats]
  - Seat Transfer: Please transfer the seat currently held by [Enter original seat holder] to [Enter new seat holder].
  - Project Fee Renewal
  - CCW VRDC Add-ons

- N**  I am requesting to change the funding source for the DUA to the following:
  - Non-profit/Academic
  - For-profit
  - State Agency
  - Federal Agency/Federal Agency Grant – [Insert Federal Agency Name]

I am requesting to add/remove a collaborating organization.

I am requesting to change the Requester on this DUA.

I am requesting a type of amendment not listed above.

*Please describe the requested amendment in the text box below.*

**O**

The amendment(s) requested above modify the materials approved for the DUA # listed above and therefore are incorporated by reference into this DUA.

The undersigned individual hereby attests that he or she is authorized to amend the DUA# listed above on behalf of the Requesting Organization and agrees to all the terms specified in the DUA.

**P**

Requester Signature

Date

**Q**

Requester Printed Name