



IRB DATA SECURITY AND STORAGE PLAN WORKSHEET (ver.1.1)

A. Study and PI Information	
Project/Protocol Number	
Date	Click or tap to enter a date.
Principal Investigator (PI)	
Protocol Title	

B. Identifiable Information
<p>1. Will ANY information regarding the participants' identity (e.g., name, DOB, SSN, ID number, address, phone, email, IP addresses, audio/video recording, photographing etc.) be collected on informed consent(s) or study documents? <input type="checkbox"/> Yes <input type="checkbox"/> No ➔ If no, skip to section D.</p> <p>Note: 1) If you collect email addresses for compensation or follow-up, you need to check yes. 2) If you collect participants' name on a consent document, you need to check yes. 3) Audio or video recording, and photographing participants, typically results in gathering identifiable information.</p>
<p>2. Please check all that apply.</p> <p><input type="checkbox"/> I will collect participants' names and signatures ONLY on the consent document during consent process. No other identifiers will be collected during the study procedures. ➔ If checked, skip to section D.</p> <p><input type="checkbox"/> I will collect participants' names and contact information ONLY for providing compensation. Participants will be redirected to a separate link. ➔ If checked, skip to section D.</p> <p><input type="checkbox"/> I will collect participants' identifiable information during data collection. ➔ Answer the rest of Section B.</p> <p><input type="checkbox"/> I will record audio/video or take photos of participants. ➔ Answer the rest of Section B.</p>
<p>3. Please check ALL identifiers that will be collected during any phase of the research.</p> <p><input type="checkbox"/> Name <input type="checkbox"/> Birth Dates (MM/DD/YYYY) * <input type="checkbox"/> Email address <input type="checkbox"/> Social Security number <input type="checkbox"/> Telephone number /Fax number <input type="checkbox"/> IP address or Web universal resource locators (URLs) <input type="checkbox"/> Medical record number <input type="checkbox"/> Driver's license number or identification (passport, state ID, etc.) <input type="checkbox"/> Biometric identifiers (fingerprints, retinal scan) <input type="checkbox"/> Any geographic subdivisions smaller than a state, including street address, city, county, precinct zip code, and equivalent geocodes. <input type="checkbox"/> Audio/ Video/photography <input type="checkbox"/> Other(specify:)</p> <p>*Do not click if you collect only month or only year.</p>
<p>4. Explain why you need to collect identifiable data checked above.</p>
<p>5. Will you be collecting any sensitive information? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1) Data is considered to be sensitive when the disclosure of identifying information could have adverse consequences for subjects or damage their financial standing, employability, insurability, reputation.</p> <p>2) Some examples of sensitive questions are:</p> <ul style="list-style-type: none"> ▪ sexual behavior or practices ▪ illegal activities or ethically questionable behaviors ▪ violence, classism, discrimination, sexism, racism, or ageism

- Other BSU system (specify: _____)
- Personal desktop, laptop, or other devices → **If checked, answer a-1.**
- Cloud service not associated with BSU (google drive) → **If checked, answer a-1.**
- other (specify: _____) → **If checked, answer a-1.**

a-1. If you are not using BSU operated or owned storage application or device, explain why.
(e.g., a student investigator has not been offered a BSU device. External collaborators cannot access BSU cloud services, etc.)

- b. Hard copy/paper records
- BSU office (specify building and office number: _____)
 - Off site (specify the location: _____) → **If checked, answer b-1.**
 - Home Office
 - Other (specify: _____) → **If checked, answer b-1.**

b-1. If you will not store the data on the BSU campus, explain why.

3. Describe where the raw data and cleaned/de-identified data will be stored and how data will be kept securely and protected.
(e.g., the data will be stored in password protected computer/ OneDrive, Data will be stored in locked cabinet, the data will be stored student PI's computer which is password protected, etc.)

4. Describe your process of transcription, de-identification process or coding process including when and by whom, if applicable.
- 1) If you will audio/video record, explain the transcription process and whether the raw data will be destroyed or not.
 - 2) If data will be de-identified or coded, explain the process: Who conduct de-identification and coding and how will you handle the identifiable information (destroyed or stored in separated place).

E. Secondary Data/Archival Data

1. What secondary/archival data will be used for your project? Please check all that apply.

- Publicly available data with de-identified information
- Non-publicly available data with restricted access to coded private information or de-identified information
- Publicly available data with private identifiable information
- Non-publicly available data with restricted access to containing private identifiable information
- Other(describe: _____)

2. Does the data provider require you to enter into an agreement, such as a data use agreement (DUA)?
- Yes No

3. Does the data provider have restrictions or requirements?
- Yes No

If yes, describe the agreement, restrictions (retention period, etc.), and/or security plan to be implemented or required by the data holder.

4. If the data include any identifiable information, will the data be de-identified (either before or after you receive them)?
- Yes No

If yes, please describe the de-identification process-who will do that, when will this occur, and where will it occur?

--

F. Data Management

1. Who is responsible for maintaining the security of the data?
2. How long will you keep the raw data? Provide specific duration or date. If audio/video recording is involved, explain how long will you keep the recording and how long you will keep the transcription.
3. If your raw data (including audio/video recording, transcribed text, if applicable) will be retained indefinitely, explain why. If you will transcribe the audio/video recording, you need to explain how long you will keep the transcript(s).
4. Will your data be shared with other researchers (not in the research team) or used for your other(future) project(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the data (e.g., identifiable data, de-identifiable data, etc.) and data restriction (e.g., no restriction- publicly available, limited access, etc.). (e.g., de-identified data will be available in public, identifiable data will be shared with limited access, etc.)

G. Additional Comments regarding data security and confidentiality protection

1. Provide other research data security and confidentiality information if not addressed above.
