

Data Access Request Tracker (DART): Amend a DART, Paperwork and Tips

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VA Informatics &
Computing
Infrastructure

DART-Data Access Request Tracker

- Follow me as we dive deeper into DART
 - Amend a DART Demo
 - Also see [Amending a DART IRB Research Request](#) video on VINCI Central
 - Discuss main forms needed for IRB Research Studies in DART
 - Questions and Answers

Poll

- How familiar are you with amending a DART request?
 - I submit them often
 - I watched someone amend a DART request
 - I have never amended a DART request
 - I would like to learn what is needed to amend a DART request

Amend a DART

■ Start at your DART Dashboard

HOME > [DART Dashboard](#)

To-Do List **6** Requests **24** Administration Tool Add/Remove Roles

Requests [Create a New Request](#)

Filter: [All](#) [Preparatory to Research](#) [Research](#)

Showing 21 to 24 of 24

Table: Requests

Tracking #	Name	Type	Contact	Submitted	Status	Actions
2018-01-021-D-A01	SQDUG Only Amendment - Change Requested	Research Data Access	Larimer, Grant (IPA)	01/24/2018	SQDUG CHANGE REQUESTED	Actions
2018-01-022-D-A01	SQDUG Only Amendment - Approved	Research Data Access	Larimer, Grant (IPA)	01/24/2018	SQDUG APPROVED	Actions
2018-09-007-D-A01	Amend a DART	Research Data Access	Simpson, Ronald D.		NOT SUBMITTED	Actions
2018-09-012-D-A01	MVP Test#12	Research Data Access	Trautman, Timothy N.	09/06/2018	NDS APPROVED MVP DENIED	Actions

[Previous](#) | [1](#) | [2](#) | **[3](#)** | [Next](#)

[Actions](#)

- [View](#)
- [Amend](#)

Amend a DART

Amend Request ✕

REQUEST INFORMATION

Official Study Name

Request Type

AMENDMENT INFORMATION

Amendment Narrative *

* Required

Contact VINCI@va.gov
to change an amendment
narrative.

Amend a DART

Information Participants Data Documents Submit

2018-09-007-D-A01 Amend a DART

AMENDMENT NARRATIVE: Add Participants Jay Tucker and Tim Trautman

i Activity Information

REQUEST INFORMATION

Short Name * Amend a DART

IRB Number * 14-0824

IRB Expiration * 09/02/2019




Amend a DART

AMENDMENT NARRATIVE: Add Participants Jay Tucker and Tim Trautman

Participants

PARTICIPANTS & LOCATIONS


Table: Participants

Name	Location	Notifications	Data Access	CAPRI/ VistAWeb Access	Delete
Simpson, Ronald D.	(660) Salt Lake City HCS (Salt Lake City UT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tucker, Jay N.	(660) Salt Lake City HCS (Salt Lake City UT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trautman, Timothy N. (UofU)	(660) Salt Lake City HCS (Salt Lake City UT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Find People 508 Select a Location Add

Important! Please select a Primary Location and a Principal Investigator for each location. ✕

Table: Locations

Primary	Location	Principal Investigator
★	(660) Salt Lake City HCS (Salt Lake City UT)	 Simpson, Ronald D.

Amend a DART

Information Participants **Data** Documents Submit

History Communication

2018-09-007-D-A01 Amend a DART

AMENDMENT NARRATIVE: Add Participants Jay Tucker and Tim Trautman

Data Sources

Data Storage Location *

VINCI

Local VA Server Location

Name of facility *

Address *

Building

Amend a DART

Will data be transferred external to the VHA? *

Currently CDW cannot approve a research request that would include disclosing the CDW data (identifiable or de-identified) outside of VHA without a signed research consent and HIPAA authorization from the individual because of the risk of re-identification. The data may be used (internally or within VHA) for the approved protocol. If "finder" files are to be sent out to Federal or state agencies for the purpose of the Federal or state agency disclosing information on the individual back to VA per SOR 34VA12, a DUA between the PI and the external agency must be submitted with the DART application.

- No
 Yes (DUA is required)

IDENTIFIERS ([More about identifiers](#))

- Real SSN
 Scrambled SSN
 Identifiable data but no real or scrambled SSNs

REQUESTED DATA SOURCES

Corporate Data Warehouse (CDW)

SQL Format

- CDW Production Domains
 CDW Raw Domains
 CDW MCA (formerly DSS) NDE
 MedSAS Files including VetsNet Files
 TIU Text Notes (Requires Real SSN Approval)
 Vital Status Files (includes BIRLS)

Amend a DART

Other Data

- CAPRI/VistAWeb (Individuals needing Capri/VistA Web access are selected on the participants page and require real SSN approval)
- Care Assessment Need (CAN) Score (Requires Scrambled SSN Level Access)
- Health Economics Resource Center (HERC) Average Cost Data
- Health Economics Resource Center (HERC) V21 and Nosos Risk Scores Data
- Homeless Registry
- Legacy Data Warehouses (i.e. VISN 21)
- MCA (formerly DSS) Web Reports
- OEF/OIF Roster File (**DUA required for internal data distribution/use**)
- Patient Aligned Care Team (PACT) Implementation Index (Pi2)
- Surgery Quality Data Users Group (SQDUG)
- Veterans Affairs Surgical Quality Improvement Program (VASQIP)
- VSSC Web Reports
- [Million Veteran Program \(MVP\) - Available only to MVP approved studies](#)

Data Access Systems

- SAS Grid

Does your study require Informed Consent and HIPAA Authorization?

- Yes
- No

Does your study require a HIPAA Waiver?

- Yes
- No

Amend a DART

2018-09-007-D-A01 Amend a DART

AMENDMENT NARRATIVE: Add Participants Jay Tucker and Tim Trautman

Documents

NOTICE: Always check the Data Steward's web site ([DART Process and Forms](#)) for the latest version of forms. Outdated IRB, combine them into one document before uploading. When you are required to replace documents after submission,

2018-09-007-D-A01 Research Request Memo-(660) Salt Lake City HCS (Salt Lake City UT).pdf ([View](#)) [Upload](#)
V3 ↗ Uploaded Sep 5 2018 2:47PM by Simpson, Ronald D.

Required Documents

REQUIRED DOCUMENTS

➤ (660) Salt Lake City HCS (Salt Lake City UT) (Primary Site)

Research Request Memo
Required for CDW Production Domains, Vital Status

2018-09-007-D-A01 Research Request Memo-(660) Salt Lake City HCS (Salt Lake City UT).pdf ([View](#)) [Upload](#)
V3 ↗ Uploaded Sep 5 2018 2:47PM by Simpson, Ronald D.

Research Study Institutional Review Board (IRB) Approval Letter
Required for CDW Production Domains, Vital Status

2018-09-007-D IRB Letter-(660) Salt Lake City HCS (Salt Lake City UT).docx ([View](#)) [Upload](#)
V1 ↗ Uploaded Sep 5 2018 2:25PM by Simpson, Ronald D.

Research and Development (RD) Committee Approval Letter
Required for CDW Production Domains, Vital Status

2018-09-007-D RD Letter-(660) Salt Lake City HCS (Salt Lake City UT).pdf ([View](#)) [Upload](#)
V1 ↗ Uploaded Sep 5 2018 2:25PM by Simpson, Ronald D.

Amend a DART

➤ Simpson, Ronald D. (Primary Investigator)	2018-09-007-D-A01 Vital Status ROB-Trautman, Timothy N..docx (View) Upload V1 ▾ Uploaded Sep 5 2018 2:48PM by Simpson, Ronald D.
➤ Trautman, Timothy N.	2018-09-007-D-A01 Vital Status ROB-Trautman, Timothy N..docx (View) Upload V1 ▾ Uploaded Sep 5 2018 2:48PM by Simpson, Ronald D.
➤ Tucker, Jay N.	2018-09-007-D-A01 Vital Status ROB-Tucker, Jay N..docx (View) Upload V1 ▾ Uploaded Sep 5 2018 2:48PM by Simpson, Ronald D.

Amend a DART

Information

Participants

Data

Documents

Submit

2018-09-007-D-A01 Amend a DART

AMENDMENT NARRATIVE: Add Participants Jay Tucker and Tim Trautman

✓ Submit

SUBMIT REQUEST

Request form complete! You may now submit your request.

Submit Request

DART Required Documents

- Research Request Memo
- IRB Approval Letter
- Research and Development Committee Approval Letter
- Research Protocol
- HIPAA Informed Consent/Authorization or Waiver
- Real SSN Access Request Form (if needed)
- CDW Domain Checklist
- Any additional data source specific forms
- Forms can be found on the VHA Data Portal:

<http://vaww.vhadataportal.med.va.gov/DataAccess/DARTRequestProcess.aspx>

Research Request Memo

Department of		Memorandum
Veterans Affairs		
Date:	<input type="text"/>	
From: Principal Investigator	<input type="text" value="Insert Name of Principal Investigator"/>	
Subj: Research Data Request Memo for:	<input type="text" value="Tracking Number - Name of Protocol"/>	
To:	Director, National Data Systems	
<p>The following information is required and all signatures must be obtained before any review of this request can take place:</p> <p>Are all participants requesting access a VA employees or WOC employees? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this request for data use for a VA research study (includes pilot studies)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this request for activities preparatory to research? <input type="checkbox"/> Yes <input type="checkbox"/> No Select the type(s) of data needed: <input type="checkbox"/> Real SSN <input type="checkbox"/> Scrambled SSN <input type="checkbox"/> PHI but No SSN Is access to CAPRI / VistAWeb being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Is AITC Main Frame access being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Is access to VSSC and/or MCA Web Reports being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Will any requested data be transferred outside of the VA? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the data be stored in the VINCI Environment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both</p>		
<p>Please describe the data you are requesting. The data requested must reflect data discussed in the protocol or HIPAA waiver if applicable and selected in DART. Provide a high level summary of how the requested data will be used in the research study. If Real SSN access is requested, please provide a justification. List the participants names and whether they are VA Employee, Contractor, or Without Compensation (WOC).</p>		
Estimated time the data will be needed for: <input type="text"/>		
Approvals		
<p>As the Principal Investigator, I certify that the data will be transferred, retained, utilized, and destroyed in accordance with VA and VHA policy including the following: VA Handbook 5011.5, Chapter 4 (Alternative Workplace Arrangements); VA Directive and Handbook 6500, Information Security Program; VA Directive and Handbook 6502, Privacy Program; and VHA Directive 1605, VHA Handbook 1200.05, 1605.1, and 1605.2. The data being requested will only be used in accordance with the protocol listed above.</p> <p>I acknowledge and affirm that I am the responsible party should there be any data incidents/ breaches involving downloaded data from this request.</p>		
NAME OF PRINCIPAL INVESTIGATOR	DATE SIGNED	<input type="text"/>
NAME AND TITLE OF SUPERVISOR	DATE SIGNED	<input type="text"/>
February 2018		

RRM instructions are in Appendix A of the DART User Guide.



IRB Approval Letter

- Can come from the CIRB, local VAMC or University Affiliate
- IRB letters are not standardized across the VA
 - IRB letters are needed from each site
- Key Items needed:
 - PI Name
 - Study Name
 - Approval Date
 - Expiration Date
 - Signed by the Chair of the IRB

Research and Development Committee Approval Letter

- Each VA facility has a local Research and Development Committee
- All IRB Approved Research studies in DART must have and R&D approval letter for each location participating in the study

Research Protocol

- Introductory paragraph
- Statement of the Problem
- Purpose
- Significance of the Study
- Research Questions and/or Hypotheses and/or Null Hypotheses
- Background
- Methodology
- Procedure and time frame
- Analysis plan
- Scope and limitations
- Use the most up to date Protocol

HIPAA Informed Consent/Authorization or Waiver

- HIPAA Waivers are not standardized across the VA
 - VA Facility Name
 - Title of Study
 - PI Name
 - Brief description of PHI used for IRB
 - Must have Chair of IRB Signature
- Form 10-0521 is available for use

Real SSN Access Request Form

Real SSN Access Request



This form is required for research requests for real SSN data requested through DART. Complete the information below and submit this form for approval by your IRB Chair and the Associate Chief of Staff for Research.

Section A. Principal Investigator

Principal Investigator: _____

Project Name: _____

Check the boxes below that indicate why this project requires access to data with real SSNs. Include the page number where this information is located in the protocol.

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Link to primary data collection | p. _____ | <input type="checkbox"/> Use of VA data available <u>only</u> with real SSNs | p. _____ |
| <input type="checkbox"/> Recruit subjects | p. _____ | <input type="checkbox"/> Link to non VHA data sources (specify) _____ | p. _____ |
| <input type="checkbox"/> Use VistAWeb, CAPRI, TIU Notes | p. _____ | <input type="checkbox"/> Other reason (describe) _____ | p. _____ |

I affirm the reasons checked above are consistent with the protocol submitted for IRB approval.

Signature, Principal Investigator

Date

Section B. IRB Chair

Name of IRB Chair: _____

Project's IRB #: _____

IRB Committee Affiliation Name: _____

Check the boxes below to indicate which documents have been submitted and approved for this project. At least three boxes must be checked "yes" - Protocol, HIPAA Authorization and/or Waiver of HIPAA Authorization, and Informed Consent and/or Waiver of Informed Consent.

- | | | | | | |
|---------------------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|
| Protocol | <input type="checkbox"/> Yes | | | | |
| HIPAA Authorization | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Waiver of HIPAA Authorization | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Informed Consent | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Waiver of Informed Consent | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |

I affirm that the documents checked above are consistent with the use of real SSN data and the Human Subjects Sub-committee (IRB) has determined access to real SSN data is justified for this research project.

Signature, IRB Chair

Date

Section C. Associate Chief of Staff for Research (ACOS-R)

Name of ACOS-R: _____

VA Facility Name: _____

I affirm that the Privacy Officer has reviewed the protocol and that legal authority exists for use and disclosure of individually-identifiable information, and that the Information Security Officer has reviewed for security measures to protect SSNs in accordance with this facility's standard operating procedures.

Signature, ACOS-R

Date

CDW Domain Checklist

CDW DOMAIN CHECKLIST

CDW Production

- Allergy
- Appointment
- Beneficiary Travel
- Consult
- CPRS Orders
- Dental
- Emergency Dept. Int. Software (EDIS)
- Health Factors
- Health Benefits Request
- Immunization
- Inpatient
- Integrated Billing
- Lab Microbiology
- Lab Chem
- Mental Health Assessment
- Non-VA Meds
- Outpatient
- Patient
- Patient Associated
- Patient Enrollment
- Patient Insurance
- Patient Record Flag
- PCMM (Primary Care Management Module)
- Pharmacy BCMA (Bar Code Medication Administration)
- Pharmacy Outpatient
- Pharmacy Patient
- Purchased Care (formerly fee)
- Radiology
- Recall Reminders
- Reengineered Primary Care Management Module (RPCMM)
- SPatient
- Staff
- SStaff
- Surgery PRE, INTRA, and POST
- VistA Waitlist
- VistA Compensation & Pension
- Vital Signs
- Women's Health

Other Data

- Department of Defense and Department of Veterans Affairs Infrastructure for Clinical Intelligence (DAVINCI)
- Lung Cancer Screening Demonstration Cohort
- OMOP Common Data Model (CDW Production/Raw Source)
- PSSG Geocoded Files
- SAS Fee (Formerly HERC FEE)
- VINCI NLP Output

For additional information about the domains, please refer to the link below:

<http://vaww.virec.research.va.gov/CDW/Documentation.htm>

CDW Checklist V 6.1 June 26, 2018. This document revision supersedes any previous versions.

CDW RAW*

- CAPRI Audit Trail table
- CliniComp
- Echocardiogram
- Equipment Inventory
- FBCE (Fee Basis Claim System)
- IFCAP (Integrated Funds Control, Accounting, and Procurement)
- Intravenous meds (IV)
- Oncology
- Prosthetics
- Pulmonary Function Test (PFT)
- Talent Management System (TMS)
- Unit Dose (Pharmacy)
- VACAA (Veterans Choice Program Eligibility)

**CDW Raw data is data that has been pulled directly from the VistA sites and the data has not been verified or had business rules applied. It may not be current and there is limited documentation for users. Requests for CDW Raw data require additional time for creating data extracts and it is more difficult for studies to use.*

CAPRI/JLV Access Form

Department of Veterans Affairs		RESEARCH ACCESS TO VHA ELECTRONIC HEALTH RECORDS		
User Information				
1. Last Name, First Name, Middle Name, Suffix			2. VA E-Mail Address	
3. Job Title		4. Work Phone (Include Area Code)	5. Station (Facility) Number	
6. Full Social Security Number	7. Date of Birth (MM/DD/YYYY)	8. ISO Name	9. ISO E-Mail Address	
10. Protocol Name			11. DART Tracking Number	
12. IRB Approval Date (MM/DD/YYYY)		13. IRB Expiration Date (MM/DD/YYYY)	14. Cooperative Studies Program Number (CSP#)	
Special User Access Requested for:				
<input type="checkbox"/> CAPRI <input type="checkbox"/> Joint Legacy Viewer (JLV)				
Level of Access				
<input type="checkbox"/> National <input type="checkbox"/> Site Restricted List				
<p>By signing below, I affirm that I will notify National Data Systems (NDS) of any change in my position or duties as related to this protocol. I also affirm that I will stay current on the required training to view Protected Health Information (PHI). I acknowledge that user access to this data will be restricted to what is approved for this protocol. Data will not be reused or shared with other research projects unless specifically authorized in the protocol and approved by the Institutional Review Board (IRB). Once the storage location of the data is approved, I will not move the data to other locations unless specifically authorized by National Data Systems.</p> <p>It is the responsibility of BOTH the user and the supervisor to ensure training is completed every 365 days.</p>				
Approval				
NAME OF INDIVIDUAL REQUESTING ACCESS		DATE SIGNED (MM/DD/YYYY)	SIGNATURE	
NAME AND TITLE OF PRINCIPAL INVESTIGATOR		DATE SIGNED (MM/DD/YYYY)	SIGNATURE	
NAME OF APPROVING AUTHORITY (ACOS-R or COS)		DATE SIGNED (MM/DD/YYYY)	SIGNATURE	

For CAPRI/JLV access, you will need Real SSN approval.



Tips and tricks

- When do I need to update a new Research Request Memo?
 - Be VERY specific in the amendment narrative of exactly what is being changed.
- Are Digital Signatures required?
- What is a Change Request and how do I see it?
- I changed my last name. How do I update it in DART?
- I moved stations. How do I update this in DART?
- How long do amendments take for approval?

Did You Know About Our Resources?

- Available only on VA Intranet
- VINCI Central - <https://vaww.vinci.med.va.gov/vincicentral/>
- VHA Data Portal - DART - <http://vaww.vhadataportal.med.va.gov/DataAccess/DARTRequestProcess.aspx>
- CDW Metadata Documentation on Data Sources - <https://vaww.cdw.va.gov/metadata/Metadata%20Documents/Forms/AllItems.aspx>
- CDW Documentation on Data Sources from VIREC - <http://vaww.virec.research.va.gov/CDW/Documentation.htm>

Questions?

VINCI@va.gov

