

**State University of New York at New Paltz
Human Research Ethics Board
Limited Data Set (LDS) Request Form**

This form must be completed if you are requesting access to a Limited Data Set of health information of covered entity patients for research, public health, or healthcare operations activities. The use of a Limited Data Set of information is applicable if the health information required to carry out these activities excludes the individually identifiable data elements listed below. **Note that the LDS differs from de-identified health information in that a LDS may contain a) a unique identifying number, characteristic or code (e.g., a registry or study number), b) elements of dates, and c) address information including town, city, state, zip code (BUT NOT STREET NAME OR ADDRESS).**

Principal Investigator/Requestor: _____

Project Title/Purpose: _____

“As the Principal Investigator, and on behalf of the research team assisting me in this study, I certify that neither my research team nor I will record, use or disclose the following subject identifiers from any health information obtained for use in the research study referenced above:

(Review and verify that the following data elements will not be used by checking off)

<input type="checkbox"/> Names - including initials (individual, employer, relatives, etc.)	<input type="checkbox"/> Telephone numbers
<input type="checkbox"/> Street Name or Address	<input type="checkbox"/> Fax numbers
<input type="checkbox"/> Electronic mail (e-mail) addresses	<input type="checkbox"/> Social Security Numbers
<input type="checkbox"/> Web Universal Resource Locators (URLs)	<input type="checkbox"/> Medical Record numbers
<input type="checkbox"/> Internet Protocol (IP) address numbers	<input type="checkbox"/> Account numbers
<input type="checkbox"/> Health plan beneficiary numbers	<input type="checkbox"/> Certificate/License numbers
<input type="checkbox"/> Vehicle Identifiers and Serial numbers (e.g., VINs, License plate numbers)	<input type="checkbox"/> Biometric Identifiers (e.g., finger or voice prints)
<input type="checkbox"/> Medical Device identifiers and Serial numbers	
<input type="checkbox"/> Full face photographic images and any comparable images”	

Specified Limited Data Elements Required:

<input type="checkbox"/> Town, city, state & zip	<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Age	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Gender	<input type="checkbox"/> Date of Death
<input type="checkbox"/> Dates of Admission/Discharge	<input type="checkbox"/> Other Specify _____

Method of Data Collection:

<input type="checkbox"/> Open Record Review	<input type="checkbox"/> Data Base Extraction
<input type="checkbox"/> Administered Questionnaires	<input type="checkbox"/> Specify Other _____

Data/Study Time Ranges: From _____ to _____

Principal Investigator Signature _____

Date _____

A new Limited Data Set Request Form must be submitted to permit a use other than as specified in this request or a disclosure to entities outside of SUNY at New Paltz.