Data Clearing Office
at the Medical University of Innsbruck

Application form concerning the transfer of personal data to external recipients

1. Applicant of Medical University of Innsbruck

Organizational Unit

Applicant

Name | First Name | Academic Title

Phone | Email

Respondent[1] (if different from Applicant)

Name | First Name | Academic Title

Phone | Email

2. Recipient

Name | Address

Respondent[1]

Name | First Name | Academic Title

Phone | Email

How are Applicant and Recipient connected or related to each other in this context? Please specify!
Are the applicant or employees of the applicant also employed by the data Recipient?

[1] A person who is able to provide information on procedural and/or technical matters.

3. Project

Title

Description

The project description must be attached to the application (see also item 6. Attachments).

Participating organizational units

Project duration

Start

Termination

Is there an Ethics Committee Vote (IRB) at hand? YES ☐ NO ☐

If "Yes", please provide the reference number of the Ethics Committee decision

4. Data Sharing

Are there already any contracts, draft contracts, written or verbal agreements regarding data sharing between the cooperation partners in place?

If yes, please specify below:

Has the data already been transferred to this/these recipient(s) as part of this research activity or project? YES ☐ NO ☐

If "Yes":

Date of the Data Sharing

Is there an agreement in place concerning this very project? YES ☐ NO ☐

If "Yes", please specify below:

Please specify the Data that has been shared.

Please specify the ratio and the legal basis of Data Sharing (Cooperation, Spin-Off, multicentric Study,…)

Does these or any related personal data already have been shared with other recipients in the past? YES ☐ NO ☐

Does the aforementioned personal data have been published in at least pseudonymized form? YES ☐ NO ☐

5. Data

The description of the data must be attached to the application and must include at least the following criteria and information:

- Source of the Data (Organizational Unit, Clinic TK, device…)
- Storage and Storage location
- Data types (images, electronic documents, videos, etc…)
- Data formats (DICOM, JPG, PDF, Excel, proprietary, non-proprietary…)
- Data volume (GB, TB, number of examinations, number of patients included, …)
- Has the Data been anonymised/pseudonymised beforehand?
- Are there requirements regarding the pseudonymisation of the data arising from contracts or from the studies themselves (keyword: re-identification of patients)?
- Is the data entered into a system outside the jurisdiction/sphere of influence of the Medical University of Innsbruck regarding the and correlating to the study's data documentation?
- Please specify and illustrate accordingly the data processing at the Medical University of Innsbruck as well as at the Recipients end in a schematic way
- How (technically) will the data be shared with the recipient?
- What TOMs (technical and organisational measures) are present on the recipient's side to ensure the security of processing.

Is a later re-identification required? YES ☐ NO ☐

If „Yes": for what purpose?

Are there any personal data that should be retained? YES ☐ NO ☐

If „Yes“: Please specify the data and the purpose/scope

6. Attachments

Compulsory:

- Project description
- Description of data
- Contracts (finalised/drafted) or other agreements; if the latter please provide the protocols or correspondences that reproduce the circumstances
- (Test)-datasets of at least 10 cases (examinations, patients, etc.)
- Consent Form if present
- If applicable and present:
- Study Plan, Study Protocol
- Ethics Committee application and/or vote (reference number)

Date

Signature Applicant

Printed name

Date

Signature Head of Organizational Unit

Printed name