An independent honest broker is a Downstate employee who has access to desired research data or specimens by virtue of his or her responsibilities as a member of the workforce providing the coded data or coded specimens for a project but who is not a member of the research team. An honest broker CANNOT serve as an investigator or key personnel on the same project, because (s)he has access to the key to the code and can identify the participants. The Downstate IRB does not permit the use of this agreement with business associates or individuals who are not members of the Downstate workforce.

An honest broker can accesses protected health information and provide an investigator with coded data, de-identified data or a limited data set, once approved by the IRB. Submit this form with an IRB Decision Aid or IRB application, as applicable to the project.

*Note: Submit any amended changes to individuals who serve as honest brokers for IRB approval, prior to implementing a change.*

If the honest broker provides coded data to the investigator, but not the method (or key) to de-code the data, then the information provided will be considered de-identified or a limited data set depending upon the data elements included in the data set. Using the code, the investigator can request, through the honest broker, additional medical information corresponding to a given research participant.

Training requirements:

* All honest brokers must complete the required HIPAA training. The IRB will confirm requirements are met.
* If the honest broker will aid the shipment of hazardous materials (e.g., dangerous goods, specimens) to be transported by a public carrier, a Dangerous Goods Shipping Certification must be provided for each individual responsible for shipment.
* For more information, please see the IRB “[Guidance- Training and COI Requirements](http://research.downstate.edu/irb/irb-training.html)”.

The honest broker must maintain all documents securely, which must be readily available upon request by the IRB, auditor, or governmental inspector.

**An honest broker’s failure to abide by IRB policy or the terms on this form may result in disciplinary action.**

1. **GENERAL INFORMATION**
2. **Project Title:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Principal Investigator (PI):** |  | **Dept:** |  | **Box:** |  |
|  |  |  |  |  |  |

1. **HONEST BROKER ACTIVITY:**
2. **Describe the purpose of the research:**
3. **Describe the source of the data or specimens to be used:**
4. **Describe the date element fields required to retrieve the data (e.g., search terms):**
5. **Describe the method of output for the data:**
6. **List the data elements to be provided:**

*Note: Include a “*[*Data Use Agreement*](http://research.downstate.edu/irb/irb-policies.html)*” when using a limited data set. See* [*Policy IRB-01*](http://research.downstate.edu/irb/irb-policies.html) *for more information on limited data sets.*

1. **Describe any special conditions, terms or instructions:**
2. **Describe any billing information, if applicable**:
3. **Describe the process and/or system that will be used to develop either a fully de-identified data set or a limited data set**:
4. TABLE OF HONEST BROKERS:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Position | E-Mail | Phone | Indicate the Downstate College or Department where the honest broker works.  ***At this time, the IRB is only approving honest brokers who are employees of the Downstate workforce.*** | Will this person aid the shipment of hazardous materials (e.g., dangerous goods, specimens) to be transported by a public carrier?  *If Yes, attach hazardous training certificate.* | Attestation & Signature  I reviewed this project and the application materials associated with this project with the Principal Investigator and agree to the terms and information on this form.  I will, under no circumstances provide information the PI or research team member with information that would permit identification of research participants.  I will not intervene or interact with research participants for this research project.  I will securely maintain complete confidentiality and privacy of the research participant’s information. | Date Signed |
|  |  |  |  |  | Yes  No | X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_\_/\_\_\_ |
|  |  |  |  |  | Yes  No | X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_\_/\_\_\_ |
|  |  |  |  |  | Yes  No | X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_/\_\_\_\_/\_\_\_ |

*Attach a copy to the IRB submission. Keep the original signed form with the Principle Investigator research files.*