



Defense Health Agency (DHA) Renewal Request – Data Sharing Agreement

New DSA # _____

This template shall be used to *renew* an executed Data Sharing Agreement (DSA) that incorporates an approved Data Sharing Agreement Application (DSAA). **Submit this completed request or questions to the DHA Privacy and Civil Liberties Office (Privacy Office) at dha.ncr.pcl.mbx.data-sharing@health.mil.**

1. PREVIOUS DSA DETAILS

- a. Previous DSA #:
- b. DSA Project Title:
- c. ☐ Check here if there are **no changes to the executed DSA** or the approved, incorporated DSAA.
Select N/A in all sections below that are not applicable.

2. APPLICANT PROFESSIONAL CONTACT DETAILS

Applicant Name / Title	Phone Number
Company or Organization	E-mail Address

3. DOD GOVERNMENT SPONSOR PROFESSIONAL CONTACT DETAILS

Government Sponsor Name / Title or Rank	Phone Number	
Service Branch or Agency	Office or Department	DoD Email Address

4. CHANGES TO RESEARCH REQUESTS

Complete this section if this DSA is for a research, as defined by HIPAA, and the project described in the executed DSA has changed. All changes have been reviewed and approved by: **(select all that apply)**

- a. ☐ **Not applicable** – Exempt from IRB or HRPO continuing review.
- b. ☐ Institutional Review Board – includes continuing review, modification, closure, and/or other IRB-attachment(s)
- c. ☐ DoD Human Research Protection Program – includes continuing review, modification, closure, or other HRPO-attachment(s)
- d. ☐ OMB/WHHS Survey Licensing # _____ Expiration Date: _____

5. CHANGES TO PROJECT SUPPORT AGREEMENT

New DSA #

Support agreements include *but are not limited to* contracts, grants, cooperative agreements, cooperative research and development agreement (CRADA), participation agreements, etc. Complete this document if your project has received a new support agreement and there are **no changes** in the scope of work. The initiation of a replacement DSA and concurrent closure of the existing DSA is required when the contract or agreement's scope has changed.

Old Agreement No:

a. (i) Old Agreement – Exercised Option Period's Start Date: End Date:

b. ☐ **New Executed Agreement Number**, if applicable (*choose one*)

(i) ☐ **New Contract Number:**

▪ Period of Performance (PoP) Start Date: End Date:

▪ Current Option Period:

(ii) ☐ **New Cooperative Agreement Number:**

▪ Term Start Date: Term End Date:

(iii) ☐ **New Grant Number:**

▪ Grant Start Date: Grant End Date:

(iv) ☐ **New Cooperative Research and Development Agreement (CRADA) Number**

▪ New CRADA #:

▪ CRADA Term Start Date: CRADA Term End Date:

6. ALL OTHER CHANGES

a. ☐ **Not applicable** – this section does not apply.

b. ☐ Check here if a DoD approved Authority to Operate (ATO) or other government Security Authorization Decision has changed. In Section 6c, specify the updated ATO details such as *Computer Network Name* and active *ATO Expiration Date*.

c. ☐ Check here if there are minor changes to the project previously described in the approved DSAA. In the section below, describe any changes such as new data sources, use of data, transmission, storage or reporting.

7. SUPPORTING DOCUMENTS

New DSA #

- | | | |
|---|--|---|
| ☐ Not applicable | ☐ Updated IRB Review Approval | ☐ Updated DoD HRPP Review Approval |
| ☐ SSV Renewal Template(s) | ☐ Data Request Template(s) | ☐ Research Repository Template |
| ☐ Other (<i>specify below</i>) | | |

8. CERTIFICATIONS

APPLICANT/RECIPIENT

- a. _____ By initialing here, the Applicant/Recipient is confirming that the scope of work for the project listed above **has not** changed.

DoD GOVERNMENT SPONSOR

- b. _____ By initialing here, the Government Sponsor is confirming that the scope of work for the project listed above **has not** changed.

By signing below, Applicant/Recipient and Government Sponsor are also acknowledging that the information above is truthful and accurate. Applicant/Recipient and Government Sponsor further attest that they are authorized to sign this request on behalf of their respective organizations.

Applicant/Recipient Signature _____ Date

Applicant/Recipient Signing Authority _____ Date
(if different from DSA Applicant)

DoD Government Sponsor Signature _____ Date
(not required if Applicant is a DoD Employee)

Submit DSA Renewal Request to dha.ncr.pcl.mbx.data-sharing@health.mil

Data Sharing Agreements are project or contract-specific, not individual data user-specific. Only the names and professional contact information of the Applicant and Government Sponsor should be listed. The names and contact information for the listed individuals are maintained so information and notices can be sent to these individuals. This information may be protected under the provisions of the Privacy Act of 1974 and only released as permitted by law.

9. PRIVACY OFFICE USE ONLY

New DSA #

DSA # _____ has been approved. The renewal is effective upon signature by the DHA Privacy Office. The DSA will remain in force, and all data subject to this DSA, unless renewed, may be retained until: _____.

Mr. Clarence Abrams
Data Sharing Compliance Manager
DHA Privacy and Civil Liberties Office
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Falls Church, VA 22042-5101
Main: 703-275-6363