MEDICAL UNIVERSITY OF VIENNA

MedUni Vienna Data Clearing House

Request for disclosure of personal data or previously anonymised data to external recipients

1. Applicant at the Medical University of Vienna

Organisational unit

Institute, department, clinic, working group

Applicant

Family name

First name

Title

Telephone

Email

Pager

Contact person[1] (if not the applicant)

Family name

First name

Title

Telephone

Email

Pager

2. Data recipient

Name of the company / partner organisation

Institute, department, clinic, working group

Is the recipient of the data located within the EU? yes ○ no ○

Contact person[1] (if not the applicant)

Family name

First name

Title

Telephone

Email

Pager

What is the relationship between the applicant and the data recipient? Are the applicant or employees of the applicant also employed by the data recipient?

[1] An individual who can provide responses to organisational or technical questions.

3. Project

Title

Description
A description of the project is to be attached to the request (refer to Point 6, Annexes).

Organisational units at the MedUni Vienna which are involved

Project duration:
Start date

Finish date

	yes	no
Has the Ethics Commission already involved?	○	○

If yes, please add the appropriate code

4. Data disclosure

	yes	no
Do (actual / draft) written or oral agreements relating to the data disclosure already exist between the cooperation partners?	○	○

If yes,

which agreements? (Please provide relevant details if the agreement is already stored in the contracts database of MedUni Vienna)

	yes	no
Is there an informed consent for this project? (If yes, please attach it to the annex)	○	○

The data disclosure will be

once only	○	Is the intention to disclose only once as a single data packet or is it expected that data will be disclosed multiple times at different points in time (e.g. When new source data are available, follow-ups, etc.)?
multiple disclosures	○	

	yes	no
Have data already been disclosed to this recipient in the course of this research activity (or this research project)	○	○

If yes,

date of data disclosure

Is there an agreement?	○	○
Was the data disclosure authorised by the data clearing house?	○	○

If yes, DC-number / Date

Which data were disclosed?

Reason for disclosure (cooperation, spin-off, multi-centre trial, etc.)

Have these or associated data of the same patient already been disclosed to other recipients in the past?	○	○
Have other data of the patient with the same pseudonym already been published?	○	○

5. Data

Attach a description of the data to the annex. This must include at least the following criteria and details

- Source (OU, clinic, device)
- Storage location
- Data types (images, electronic documents, videos, etc.)
- Data formats (DICOM, JPG, PDF, Excel, proprietary, etc.)
- Data volume (GB, TB, number of investigations, number of patients, etc.)
- Do the data contain personal details (name, occupation, date of birth, medical history, social insurance number, etc.)
- Have the data been anonymised / pseudonymised?
- Are there requirements in terms of the pseudonymisation of the data?
- During the data documentation of a study / trial, are the data entered into a system other than a MedUni Vienna system?
- A desciption of the data storage and processing at the MedUni Vienna and on the part of the data recipient, including a diagram of this.
- Which data are extracted, linked, etc.?
- How is it intended to disclose the data to the recipient?
- Do technical requirements exist on the part of the recipient?

	yes	no
Is it necessary to be able to re-identify the patients later	○	○

What is the purpose of this?

	yes	no
Are there any personal data which should be retained (date of birth, gender, weight, etc.)?	○	○

If yes,

which personal data?

6. Annexes

Mandatory:

- A project description (see Point 3)
- A description of the data (see Point 5)
- A description of the data processing (see Point 5)
- Contracts, draft contracts and, in the case of other agreements, records or correspondence which state the facts should be attached
- Test data records covering at least 10 cases (investigations, patients, etc.)

If applicable:

- Clinical trial plan, trial-related records
- Applicant to the ethics commissions and the voting thereof, the text of the patient consent form

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Date

Signature of applicant

Name in block capitals

Date

Signature of OU Head

Name in block capitals