**This request is from a WVU Non-Covered Entity, the data source is Other WVU Data Source. Unapproved software is used.**

1.  Department *
    Select a department from the drop-down.

2.  Department Head or Chair *
    Select a department head or chair from the drop-down. For this test, select yourself (if available).

3.  Principal Investigator *
    Select a principal investigator from the drop-down. For this test, select yourself (if available).

4.  Research Project Title *
    Enter any text for the research project title (For example, *Script 12 - <Initials>*. In my case, *Script 12 – GWS*).

5.  Are you collecting, using or storing any of the following identifiable data variables?
    Select all that apply.
    Select no boxes/leave empty.

6.  Are you collecting, using or storing any of the following additional data variables?
    Check all that apply.
    Select no boxes/leave empty.

7.  Does the research involve Sensitive Topics?
    Check all that apply.
    Select no boxes/leave empty.

8.  Indicate the source of the data: *
    Definitions: (7 definitions with several hyperlinks are listed).
    Select **Other WVU Data Source**

9.  Provide the source of the data. *
    Enter any text for the source of the data (For example, *WVURC*).

10. Select the WVU entity to which your department belongs. *
    The following list represents the WVU departments (entities) that must comply with the HIPAA Privacy Rule. Please select your department if it is on the list; if it is not on the list, select None of the above. More information is available [here](#).
    Select **None of the above**

11. Is Data Transfer/Sharing required for your project? *
    Data Sharing: A collaborative agreement exists for data to be shared by multiple institutions/organizations throughout a research project. Data transfer likely occurs more than once. Does not include obtaining/receiving data as part of service provided by a third-party

vendor where a purchase agreement exists.
Select **N/A**

12. Are there international components or involvement with the research? *
Select **No**

13. Is the software, service, or communications product you will use to collect data, obtain
samples, distribute survey links, pay participants, or communicate with participants on the
WVU Approved Technology for Research List? *
This list is maintained [here](#).
Select **No**

14. Provide the name of the product, service, or vendor and how each will be used. *
Enter any text for the name (For example, *JIRA for bug tracking.*).

15. Will participants be compensated? *
Select **No**

16. Do you plan to request the procurement of a new (not currently owned or approved by WVU)
product or service for data storage or analysis from ITS? *
Examples include: analytics, machine learning AI, cloud storage services, high performance
computing, etc.
Select **No**

17. Researcher Attestation
Select **By checking this box, I agree that the information I provided is correct and will
comply with the protection requirements on the Data Protection Certificate throughout
the research project. If change occurs with the data requirements, I will submit a new
Data Protection form**.

18. In the upper right corner Actions panel
Select **Submit**



**RESULT:**
**Your form was successfully submitted notification is present.**


**Email notification will be received (within a few minutes):**
**Email subject "Data Protection Certificate"**
**Email body will state "Hello <name>,**
**Your Data Protection Certification request has been approved! Please see the attached
Data Protection Certificate for your Protection Plan details."**

**The attached PDF will be titled "Data Protection Certificate - <name>.pdf"**
**The header will state "Low-Risk Data"**