The Medical University of South Carolina
Clinical Data Warehouse Restricted Query Tool for Research
Data Use Assurance (DUA) Sponsorship Form

This Data Use Assurance is designed to permit approved users access to the Restricted View in the
MicroStrategy Platform for the purpose of requesting aggregate clinical data from the Clinical Data Warehouse
(CDW) and may be used only for the purpose of research. Your acceptance of this assurance certifies that you
understand and agree to all applicable terms contained herein:

I understand that this system was not designed, nor is it intended, to support any aspect of patient care and its
use for any patient care purposes is prohibited.

I understand that the results returned by this system may not be distributed outside of the Medical University of
South Carolina (MUSC).

I understand that all searches executed within the system are recorded and will be examined, as part of routine
compliance audits. The identity of the user is recorded along with information related to each search executed.

I understand that no person registered as a user of the system may share his/her login information with any other
person for purposes of accessing this system. Only registered users who are MUSC faculty or academic staff may
use the system. However a non-faculty user must be sponsored by a MUSC faculty member who will be
accountable for DUA compliance. As a faculty member, I would like to sponsor: (name/NetID)

I agree not to use the information for any purpose other than indicated above.

I understand that the data retrieved using this query system may not be used to identify or contact any individual
or to attempt to learn the identity of any household, family, person, establishment or sampling unit included in
these data.

I understand that only aggregate numbers of patients satisfying any given data query will be provided by this
system.

I agree to restrict individual queries to legitimate research topics.

I declare that the requested information constitutes the minimum necessary data to accomplish the goals of the
research.

I acknowledge the additional level of ethical sensitivity inherent in accessing data from electronic medical records
and agree to exercise exemplary ethical conduct when so doing.

I understand that any violation of this assurance may result in a disciplinary action by my institution in consultation
with the appropriate office(s) at my institution.

I have completed the MUSC "Code of Conduct / HIPAA / Information Security" security training in CATTS
(http://www.musc.edu/catts).

I have read and understood the University's computer use policy (http://www.musc.edu/infoservices/cup.html).

☐ I accept all the above terms.

Print Name: _________________________________ Date: _________________________

Signature: _________________________________

When complete please scan and send to cdw-research@musc.edu

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