



THE OHIO STATE
UNIVERSITY

CENTER FOR CLINICAL AND
TRANSLATIONAL SCIENCE



REDCap End User Agreement

REDCap is an Electronic Data Capture (EDC) tool implemented and managed through the Department of Research Information Technology (RIT), in conjunction with the Center for Clinical and Translational Science (CCTS).

As such this tool can only be used to support research programs and operational initiatives for which the principal investigator and/or executive sponsor is affiliated with OSU, OSU's Wexner Medical Center (OSUWMC) and/or Nationwide Children's Hospital (NCH). By submitting this form, I acknowledge the following:

1. If the project for which REDCap will be used involves human subjects research (per the U.S. Department of Health and Human Services [DHHS] Code of Federal Regulations definition),

An APPROVED Institutional Review Board (IRB)

AND

An a signature from the PI

Is required before the project can be moved to production and data collection can commence.

2. The collection of Protected Health Information (PHI) or Personally Identifiable Information (PII) requires that the project database be hosted by the OSUWMC Information Technology Department behind the enterprise firewall. As such, all non-OSUWMC employees, including all OSU employees and NCH staff, who are affiliated with the project, must obtain OSUWMC login credentials to access REDCap. Access to this EDC tool outside of the OSUWMC, OSU and NCH networks will require the use of an OSUWMC SecurID. Additionally, all non-OSUWMC employees must **successfully complete a background check** and obtain OSUWMC login credentials.
3. I will not share my login credentials with any other individuals, including other study personnel working on the project. Login credentials may be obtained through RIT and can be expired for temporary employees.
4. Access to REDCap projects is dependent on the submission of an End User Agreement, IRB approval and PI approval.
5. There may be fees associated with the use of REDCap, including but not limited to the following activities: project configuration, training, form design, custom component development, project oversight/consultation.
6. REDCap projects will be actively maintained per the time frames described in the associated approved IRB protocols, or other time frames agreed upon by all parties prior to study initiation. All project artifacts will be archived after this time. Once archived, the data will remain in the database (unless you request that it be deleted permanently), and the study can be re-opened as necessary with the appropriate approvals.

7. I understand that RIT staff will be responsible for:
 - 1) Adding all new users to REDCap
 - 2) Approving and migrating all new projects into production
 - 3) Approving any changes to project production forms
8. I understand that the application and data will reside at OSUWMC and will be maintained by staff of the OSUWMC Department of Information Technology and OSU Department of Biomedical Informatics.
9. I understand that I must immediately notify the OSUWMC Information Technology Department at 614-293-3861 if any equipment (e.g., laptop, tablet, iPad, etc.) used collect study data is misplaced or stolen, or if I become aware of any security breaches involving REDCap.
10. Any publications resulting from the use of REDCap to collect and manage data should include the following CTSA acknowledgement:

The project described was supported by Award Number Grant UL1TR001070 from the National Center For Advancing Translational Sciences. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Center For Advancing Translational Sciences or the National Institutes of Health.

11. Any publications resulting from the use of REDCap to collect and manage data should include the following REDCap citation:

Paul A. Harris, Robert Taylor, Robert Thielke, Jonathon Payne, Nathaniel Gonzalez, Jose G. Conde, Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42(2):377-81.