Children's Wisconsin

Human Research Protection Program
Honest Broker Assurance Statement

When to use this form

This form is used to document an individual's agreement to serve as an Honest Broker for a research activity. An Honest Broker is a neutral third party, who is not part of the research team in any way. The Honest Broker cannot be one of the investigators, research team members, or statisticians on the study and cannot serve as a co-author on any publication.

An Honest Broker is an individual, or system, acting on behalf of the researcher to collect and provide deidentified information/samples to the research team. In most cases, the Honest Broker systems are set up to obtain and provide clinical/medical records, data and associated specimens.

- An Honest Broker must have normal clinical access (as part of their job responsibilities) to the data, records, specimens, etc. that they will be obtaining and deidentifying.
- The Honest Broker must also have the support of their department leader or direct report to serve in this capacity.

Instructions for submission

1. Each individual being asked to serve as Honest Broker must review the educational module provided in *CW HRPP Guidance - Honest Broker System and Honest Broker Assurance Process.*
2. Schedule a time to meet with the CW HRPP office and/or CW Research Compliance Manager.
3. Once orientation has been completed, this attestation may be submitted.
4. Submit this form ELECTRONICALLY for each Honest Broker identified by including it with a Human Subjects Research Determination Request Form sent to hsr.determination@childrenswi.org with "Request for Research Determination – Honest Broker" in the subject line. Questions can be directed to the CW HRPP at cwhrpp@childrenswi.org.

Project Information

Title:	
Principal Investigator (including earned degrees):	
Contact Phone:	Contact Email:
Organization:	Department:

To be completed by the individual who is de-identifying the data (NOT the PI)

Honest Broker Name:	
Contact Phone:	Contact Email:
CW Department:	Position:

By signing below, I agree/assure that:

1. I have read the required educational materials and have met with the CW HRPP and/or CW Research Compliance Manager for required Honest Broker orientation.

2. I do not have a reporting relationship with any members of the research team.

3. I have reviewed this project with the Principal Investigator (PI) and agree to de-identify and, if applicable, to maintain linkage code information for data/ specimens that will subsequently be accessed by the research team.

4. I will, under no circumstances, provide the PI or any member of the research team with information that would permit the identification of individuals whose data has been accessed.

5. I will not intervene or interact with individuals whose data has been accessed during the conduct of this research project.

6. I will maintain confidentiality of all protected health information (PHI) in accordance with all applicable laws, regulations, and CW policies and procedures.

7. I have permission from my CW direct report/departmental leader to serve in this capacity.

   Provide name and department of the CW Administrator where research is taking place:

Name	Job Title	CW Department/Cost Center

Signature of Honest Broker	Date

FOR CW HRPP USE ONLY Documentation of required CW training:	
Name(s) of person(s) who conducted required training:	Date training occurred: