



# Defense Health Agency (DHA) Modification Request - Data Sharing Agreement



New DSA # \_\_\_\_\_

This template shall be used to *modify* an executed Data Sharing Agreement (DSA) that incorporates an approved Data Sharing Agreement Application (DSAA). Questions about completing this template can be directed to the DHA Privacy and Civil Liberties Office (Privacy Office) at [dha.ncr.j-6.mbx.dsa-mail@health.mil](mailto:dha.ncr.j-6.mbx.dsa-mail@health.mil).

DSA #: \_\_\_\_\_

DSA Title: \_\_\_\_\_

## Describe changes to the Contract, Grant, Cooperative Agreement, etc.

Contract Number: \_\_\_\_\_

Option Period of Performance Dates: \_\_\_\_\_

Changes to the Contract (*explain*): \_\_\_\_\_

## Applicant / Recipient Contact Information

Name & Title / Rank:

E-Mail Address:

Company / Organization:

Phone Number:

## Government Sponsor Contact Information

Name & Title / Rank:

E-Mail Address:

Office / Organization:

Phone Number:

## Research Requests Only

The research protocol (if applicable) for the project described in the executed DSA has changed. All changes have been reviewed and approved by:

- IRB
- DHA, Human Research Protections Official, CDO # \_\_\_\_\_
- OMB/WHS licensing (survey), # \_\_\_\_\_

## Changes

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Describe any changes to the project as described in the previously approved DSAA (including data use, transmission, storage or reporting).

## Certifications

New DSA #

By signing below, Applicant/Recipient and Government Sponsor acknowledge that the information above is truthful and accurate. Applicant/Recipient and Government Sponsor further attest that they are authorized to sign this request on behalf of their respective organizations.

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Government Sponsor Signature

\_\_\_\_\_  
Date

*Submit Modification Request to [DHA.DataSharing@mail.mil](mailto:DHA.DataSharing@mail.mil)*

\_\_\_\_\_  
Data Sharing Agreements are project or contract-specific, not individual data user-specific. Only the names and professional contact information of the Applicant and Government Sponsor should be listed. The names and contact information for the listed individuals are maintained so information and notices can be sent to these individuals. It may be protected under the provisions of the Privacy Act of 1974 and only released as permitted by law.

## Privacy Office Use

DSA # \_\_\_\_\_ has been approved.

The modification is effective upon signature by the DHA Privacy and Civil Liberties Office. The DSA will remain in force, and all data subject to this DSA may be retained, unless renewed, until:

\_\_\_\_\_ .

\_\_\_\_\_  
Mr. Clarence Abrams  
Data Sharing Compliance Manager  
DHA Privacy and Civil Liberties Office