



TRICARE Management Activity Data Sharing Agreement – Modification Request



Internal Use Only DSAA #: _____

This template is for the sole purpose of **modifying** an executed Data Sharing Agreement (“DSA”). For new data requests, please submit a new Data Sharing Agreement Application (“DSAA”). Questions about completing this template can be directed to the TMA Privacy and Civil Liberties Office (“Privacy Office”) at DSA.mail@tma.osd.mil.

DSA Number	
Contract / Grant / Cooperative Research and Development Agreement (“CRADA”) / Other Project Number or Tracking Number (as applicable)	
Contract / Grant / CRADA / Other Project Name	
Current Option Year Period of Performance Dates	
Expiration Date of Contract / Grant / CRADA / Other Project	
<p>Check <u>only one</u> of the certifications below that applies to this Modification Request for the above-referenced DSA (which incorporates an approved DSAA):</p> <p><input type="checkbox"/> We hereby certify that there are <u>no substantive changes</u> in our DSA (i.e., a change in your current option year, street address, or email address) other than those listed in detail on Appendix A to this Modification Request template. We request that the above DSA be modified and remain in effect through its expiration date. [Appendix A must be completed]</p> <p><input type="checkbox"/> We hereby certify that there are <u>substantive changes</u> in our DSA (i.e., a change in the purpose of the data request or a change in the data flow, use and/or management of the data) other than a change of Applicant / Recipient or Government Sponsor, which is handled through a separate template. We are attaching an updated DSAA and understand that once it is approved a new DSA must be executed.</p>	
	<p>Questions should be directed to DSA.mail@tma.osd.mil for further assistance.</p>
	<p>Notice: The Privacy Office reserves the right to require completion of a DSAA should it determine that the non-substantive changes listed in Appendix A actually represent substantive changes.</p>

[Signature Page Follows]

By signing below, we acknowledge that the information above is truthful and accurate. We further attest that we are authorized to sign this Modification Request template on behalf of our respective organizations.

Applicant / Recipient

Government Sponsor

Signature

Signature

Printed Name

Printed Name

Rank/Title

Rank/Title

Date

Date

Internal Use Only

DSA # _____

Upon review of this DSA – Modification Request, the following finding is made:

- Non-substantive changes on Appendix A have been reviewed and are accepted. This DSA Modification Request is APPROVED.**

Signature: _____ **Date:** _____
Director, TMA Privacy and Civil Liberties Office

- Changes listed in Appendix A require the need for a new DSAA. Applicant / Recipient and Government Sponsor will be notified of the need to complete and submit a new DSAA for review.**

- Substantive changes are indicated and a new DSAA is being processed.**

Signature: _____ **Date:** _____
Data Sharing Officer, TMA Privacy and Civil Liberties Office

Follow-up with Applicant / Recipient and Government Sponsor with above finding(s).

