

GEMINI Risk of Re-identification Rubric

INSTRUCTIONS:

- Please complete the following form prior to dissemination of Study Results in any public forum (e.g., manuscripts, presentations, posters, reports, etc) and submit it to GEMINI.Research@unityhealth.to.
- This form must be completed each time unique Study Results are shared publicly, even if multiple instances fall under one GEMINI Project Proposal (e.g., if there are multiple manuscripts with different results that fall under one GEMINI Project Proposal, then one Rubric should be submitted for each manuscript).
- This form does *not* need to be completed when sharing the same Study Results more than once (e.g., if results are published in a manuscript and then the exact same results are later shared in a conference presentation), unless the results have since been updated.

PART A – PROJECT/PUBLICATION INFORMATION:

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| GEMINI Project ID: | |
| GEMINI Investigator: | |
| Title of Publication: | |
| Type of Publication: <i>If other was selected:</i> | |
| Date of Publication: | |
| Link (if available): | |

PART B – RISK OF RE-IDENTIFICATION RUBRIC:

| CRITERIA | YES/NO? |
|---|---------|
| All information that directly identifies an individual or could foreseeably be used (either alone or with other information) to re-identify an individual, is removed. | |
| All categories/subsets that include fewer than 6 individuals (i.e., data cells with values less than 6) are appropriately suppressed and cannot be back-calculated using row totals, column totals, or any other data in the publication. | |
| All patient and/or individual practitioner (e.g., physician, nurse, pharmacist, etc.) names and IDs are removed. | |
| Hospital names, which are only to be included in the methods/appendix sections, cannot be linked to any results. | |
| <i>For projects using GEMINI-ICES Data (select N/A if not):</i> All ICES policies/procedures regarding publication, de-identification, aggregate data, and the risk of re-identification have been followed. | |

PART C – PRE-SUBMISSION CHECKLIST:

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| Before submitting, please confirm that you have completed the following: |
| <p>The GEMINI Investigator has reviewed the Study Results and been notified of this submission.</p> <p>GEMINI’s <i>Acknowledgement of Funders Statement</i> (found here) is included in the publication.</p> <p>If required by a journal, GEMINI’s <i>Data Sharing Statement</i> (found here) is included in the publication.</p> <p>The required GEMINI manuscripts (listed here) have been referenced appropriately.</p> |