

**AMENDMENT #1
TO
NCATS N3C Data Transfer Agreement
BETWEEN
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES AND**

The National Center for Advancing Translational Sciences, a component of the National Institutes of Health (hereinafter "NCATS") and _____ (hereinafter "_____") are parties to a Data Transfer Agreement (the "Agreement"). To allow for the continued use of data transferred within the original DTA, NCATS and _____ wish to amend the Agreement as follows:

1. Extend the term of the original agreement replacing the original expiration date with a new date of 9/30/2029.
2. Update to description of Data within Attachment 1 to make recurring updates optional.

Other than stated above, and as amended from time to time, the Agreement remains in full force and effect.

For reference, a template of the original agreement can be found here [https://ncats.nih.gov/sites/default/files/NCATS Data Transfer Agreement 508.pdf](https://ncats.nih.gov/sites/default/files/NCATS_Data_Transfer_Agreement_508.pdf)

**NATIONAL CENTER FOR ADVANCING
TRANSLATIONAL SCIENCES (NCATS)**

By: _____
Krishna Balakrishnan
 Name: Krishna Balakrishnan M.B.A. Ph.D. _____
 Title: Director, Office of Strategic Alliances _____
 Date: 2/21/2024 _____

 By: _____
 Name: _____
 Title: _____
 Date: _____

Attachment 1
Description of Data

If a patient is identified as an N3C COVID-19 positive (diagnosed with COVID-19 or positive lab test after 1/1/2020) or N3C demographically matched control, then Provider will provide data on these patients starting with historical information prior to contracting COVID-19 starting on 1/1/2018.

Provider will run the provided phenotype (with modifications to match our available data types/structure as necessary) to create a cohort of all COVID-tested Provider's records. Longitudinal Data will date back to 2018. Provider will provide a limited data set, dating back to January 1, 2020, for the cohort. Data elements to be provided include structured data, including: demographics, vital signs, diagnoses, procedures, admission, discharge and transfer information and semi-structured, including: laboratory tests and results, medications. Real dates and zip codes will be retained. Other data types will be de-identified.

Data will be pulled at a frequency to be determined by the Provider, with serial updates provided for included records.