**Data Use Agreement Request**

I would like to put a Data Use Agreement [DUA] in place between UTHSC as: \_\_\_ Data Provider or as \_\_\_Data Recipient and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Individual) at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution (name and address)

Contact of other party for negotiation of a DUA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[provide name, email and phone number]

The data will be used for a study entitled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Brief description of the study:

Nature of the Data & Data Request

1. Describe the data elements and format (i.e: list of variables or tabulations, populations subsets):
2. **Data Source** (i.e: dbGap, US Census, another research entity, a company, etc):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you be merging the data with any data provided by other sources?

Yes \_\_\_ No \_\_\_

1. Will you make derivative of, or modify the data set you receive? Yes \_\_\_ No \_\_\_
2. Do intend to publish journal articles based on the data? Yes \_\_\_ No \_\_\_
3. Will you be accepting or sending confidential information associated with the data set? Yes \_\_\_ No \_\_\_

If Yes please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The data \_\_\_is \_\_\_ is not derived from human subjects
2. The data \_\_\_is \_\_\_is not de-identified
3. Does the data provider consider the data to be a limited data set under HIPAA? Yes \_\_\_ No \_\_\_
* IRB application number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please provide approval letter with your submission)

1. The project is funded by □Institutional Resources: □ Sponsored Programs
* If the DUA is related to Sponsored Programs:

Sponsor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor Award #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Access**

 Outside of UTHSC employees, will anyone else receive the data as a collaborator?

**Data Security**:

What provisions have been made for Data Security?

Detail the data security plan: (where will the data be stored how will access

to the data be controlled?)

Data Transfer Directions or Specifications:

**Data Attribution(s)** Please mark all that apply:

\_\_\_ Classified

\_\_\_ Criminal Justice Information

\_\_\_ Export of ITAR Controlled

\_\_\_ Human Subject Related

\_\_\_ Public Health Information

\_\_\_ Mental Health –psychotherapy notes

\_\_\_ Data is encrypted

\_\_\_ Date is a Limited Data Set

\_\_\_ Data is de-identified (including non-PHI)

\_\_\_ Data is covered by the IRM If yes provide the IRB Protocol Number and date

**Document Upload (mark the relevant option)**

\_\_\_\_\_\_ I need a DUA drafted.

\_\_\_\_\_\_ A draft has been provided for OSP to review.

***Please be sure to upload the relevant draft, correspondence, data management plan, and IRB approval/ exemption letter to the Cayuse Proposal****.*

Please let us know if you have any particular concerns you would like us to address (such as restricted use, publication, intellectual property etc.)

At the end of the project/study what happens to the data?

It will be returned \_\_\_ destroyed \_\_\_

In seeking access to this data, as project lead, I certify the following:

**Read and Understood:**

To the best of my knowledge the answers to the questions are true, complete, and accurate. I agree that I will review the Data Use Agreement and agree to handle the data as outlined therein, adhering to the applicable data security plan, IRB protocol or other related agreements as well as any pertinent University policies and procedures and of Federal and State Laws.

Furthermore, I take responsibility for ensuring that this certification will be upheld by any of the individuals who will be provided access to the data.

PI (print name and title here) Date