|  |  |
| --- | --- |
| Temple Principal Investigator (PI): | Name of Company/Institution (*with whom you are sharing/receiving data*): |
| Departmental Administrative Contact: | Company/Institution Contact for Contracts/Legal Issues: |
| Describe data being provided or accessed under this Agreement (See instructions on Page 3. Attach additional pages as necessary): | Company/Institution PI Name: |

**Temple Receiving Data Temple Providing Data**

|  |  |
| --- | --- |
| Is Temple receiving data? Yes \_\_\_\_ No \_\_\_\_\_  If yes, complete this column: | Is Temple providing data? Yes \_\_\_\_\_ No\_\_\_\_\_  If yes, complete this column: |
| Please list project title and purposes of exchange (See instructions on page 3. Attach additional pages as necessary):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please list project title and purposes of exchange (See instructions on page 3. Attach additional pages as necessary):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is this human data? Yes \_\_\_\_ No \_\_\_\_\_  If yes, provide IRB approval letter, exemption letter, or determination of no human subject involvement.  Is this protected health information (PHI)?  Yes \_\_\_\_ No \_\_\_\_\_  If yes, will any of the following identifiers of an individual, or the individual’s relatives, employers, or household members be shared? Check all that apply:  \_\_\_\_ Names  \_\_\_\_Any geocodes that identify an individual household such as a street address or Post Office Box Number  \_\_\_\_Telephone numbers  \_\_\_\_Fax numbers  \_\_\_\_Electronic mail (email) addresses  \_\_\_\_Social Security numbers  \_\_\_\_Health plan beneficiary identifiers  \_\_\_\_Account numbers  \_\_\_\_Certificate/license numbers  \_\_\_\_Vehicle identifiers and serial numbers, including license plate numbers  \_\_\_\_Medical device identifiers and serial numbers  \_\_\_\_Web universal resource locators (URL)  \_\_\_\_Internet Protocol (IP) address numbers  \_\_\_\_Biometric identifiers, including finger and voice prints  \_\_\_\_Full face photographic images  \_\_\_\_Geographic subdivision smaller than a state  \_\_\_\_5 or 9 digit ZIP codes  \_\_\_\_Any elements of dates (except year), including the date of service, date of birth, date of death, etc.  \_\_\_\_Specific age over 90 years  \_\_\_\_Any other unique identifying number, characteristic, or code that could be used by the researcher to identify the individual | Is this human data? Yes \_\_\_\_ No \_\_\_\_\_  If yes, provide IRB approval letter, exemption letter, or determination of no human subject involvement.  Number of Human Subjects collected from: \_\_\_\_  Is this protected health information (PHI)?  Yes \_\_\_\_ No \_\_\_\_\_  If yes, will any of the following identifiers of an individual, or the individual’s relatives, employers, or household members be shared? Check all that apply:  \_\_\_\_ Names  \_\_\_\_Any geocodes that identify an individual household such as a street address or Post Office Box Number  \_\_\_\_Telephone numbers  \_\_\_\_Fax numbers  \_\_\_\_Electronic mail (email) addresses  \_\_\_\_Social Security numbers  \_\_\_\_Health plan beneficiary identifiers  \_\_\_\_Account numbers  \_\_\_\_Certificate/license numbers  \_\_\_\_Vehicle identifiers and serial numbers, including license plate numbers  \_\_\_\_Medical device identifiers and serial numbers  \_\_\_\_Web universal resource locators (URL)  \_\_\_\_Internet Protocol (IP) address numbers  \_\_\_\_Biometric identifiers, including finger and voice prints  \_\_\_\_Full face photographic images  \_\_\_\_Geographic subdivision smaller than a state  \_\_\_\_5 or 9 digit ZIP codes  \_\_\_\_Any elements of dates (except year), including the date of service, date of birth, date of death, etc.  \_\_\_\_Specific age over 90 years  \_\_\_\_Any other unique identifying number, characteristic, or code that could be used by the researcher to identify the individual |
| Do you intend to share the results of your research/project back with the provider?  Yes \_\_\_\_ No\_\_\_\_ | Do you require the recipient PI to share the results back with you?  Yes \_\_\_\_ No\_\_\_\_ |
| Is this a collaboration with the provider?  Yes\_\_\_\_ No\_\_\_\_ | Is this a collaboration with the recipient?  Yes\_\_\_\_ No\_\_\_\_ |
| If there are physical storage requirements, please provide details re. locking procedure, workstation to be used, or office security measures: \_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If there are electronic security standards, please identify your Dept. IT Representative: | Are you aware of any restrictions or confidentiality obligations that would impact sharing of this data?  Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is the source of funds you are using to do the research with this data? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Do you have any other requirements for the exchange? Yes\_\_\_\_\_ No\_\_\_\_\_\_  If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List all other agreements related to this exchange of data, if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | List all other agreements related to this exchange of data, if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When should data be destroyed or returned? (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | When should data be destroyed or returned? (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is there any reimbursement of costs anticipated from the other party? If yes, should it be included in this agreement?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Is there any reimbursement of costs anticipated for the other party? If yes, should it be included in this agreement?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are there any other employees of Temple working with this data (ie, students, research assistants, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Are there any other employees of Temple working with this data (ie, students, research assistants, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list any IRB#s associated with the use of the data (if applicable): IRB#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Do you have (or are you seeking) IRB approval associated with the collection of sharing of the data with this entity? \_\_\_\_\_\_ [answer Yes/No]  If so, specify the IRB#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [please fill in] |
| Is Temple Hosting a multi-site registry?  Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ |
| Is there a previous or pending underlying agreement related to this work? If Yes, please describe.  Yes\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No\_\_\_\_\_ | Is there a previous or pending underlying agreement related to this work? If Yes, please describe.  Yes\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No\_\_\_\_\_ |

***Please note this is an internal submission form to request the processing of a Data Use Agreement****.*

***This is not a Data Use Agreement.***

**Instructions for Completion of Data Description:**

*This section should provide sufficient information such that each party understands the information that will be transmitted under this DUA. Examples of information that should be provided include:*

* *Whether the data is obtained from human subjects and, if so, a description of the population included in the data.*
* *If the data is from animal subjects, the species of animal the data was obtained using.*
* *If not from human or animal subjects, a description of the focus of the data.*
* *The number of subjects and/or experiments included*
* *Name of the study that the data was obtained under*

*If there is a particular study that needs to be acknowledged/cited as the source of the data, this information should be included here. Also include here reference to any specific method that will be used to transfer the data to the Recipient.*

**Instructions for Completion of Project Description:**

*This section should provide sufficient information such that each party understands the project that the Recipient will perform using the Data. Content of this section will be very similar to the Statement of Work used in other types of Agreements. Examples of information that should be provided include:*

* *Objective or purpose of the Recipient’s work*
* *A general description of the actions to be performed by the Recipient using the Data and possibly the anticipated results*
* *Include whether or not the Recipient is permitted to link the Data with other data sets (If yes, be sure to include any special disposition requirements related to the linked data sets).*

***Submit this form to your assigned contract specialist.***