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| **WU Principal Investigator (PI):** | **Name of Other Company/Institution** (*with whom you are sharing/receiving data*): |
| **WU Departmental Administrative Contact:** | **Company/Institution Contact for Contracts/Legal Issues:**  **Email Address (REQUIRED):** |
| **Project Title:** | **Company/Institution PI Name:** |
| Description of the project/permitted use of data (See instructions on page 3. Attach additional pages as necessary):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_ | |
| Describe data being provided or accessed under this Agreement (See instructions on Page 3. Attach additional pages as necessary): ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please identify which, if any, 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 | |
| List and provide brief description all other agreements (ex. funding agreements, MTAs) related to this exchange of data, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Is there any reimbursement of costs anticipated for WU or the other party? Yes \_\_\_\_\_ No\_\_\_\_\_  If yes, should it be included in this agreement? Yes \_\_\_\_\_ No\_\_\_\_\_  If yes, please provide budget and payment details (attach additional pages if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Will the data be included in a data registry/repository? Yes \_\_\_\_\_ No\_\_\_\_\_  If yes, is WU hosting the registry? Yes \_\_\_\_\_ No\_\_\_\_\_ | |
| How many data sets will be transferred? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data from how many individuals will be transferred? | |
| What is your source of funds for this project (including funding covering internal costs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you aware of any other contractual obligations associated with this project that JROC should be aware of?  Yes \_\_\_ No \_\_\_\_ : If yes, please provide description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **WU Receiving Data** | **WU Providing Data** |
| Is WU receiving data? Yes \_\_\_\_ No \_\_\_\_\_  If yes, complete this column: | Is WU providing data? Yes \_\_\_\_\_ No\_\_\_\_\_  If yes, complete this column: |
| 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\_\_\_\_ |
| Preferred data transmission mode (select one): electronically or  by mail. Address (email or physical):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Was any part of the data collected under NIH funding after November 2016 or is there a certificate of confidentiality applicable? Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ |
| If there are physical storage requirements, please provide details: (ex. 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, (including security standards)?  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? (ex. sponsor acknowledgment, return/destruction instructions, authorship expectations)  Yes\_\_\_\_\_ No\_\_\_\_\_\_  If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list any IRB#s associated with the use of the data (if applicable): IRB#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | When should data be destroyed or returned? (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list any other employees of WU who require access to this data (i.e. students, research assistants, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Is the recipient PI a former Washington University employee who has left in the last 2 years?  Yes\_\_\_\_\_ No\_\_\_\_\_\_\_  ***If yes, it is required that this form be signed by your department chair. Please obtain their signature (below) before submitting your DUA form.*** |
|  | Do you have (or are you seeking) IRB approval associated with the collection or sharing of the data with this entity?  IRB for Collection: Yes\_\_\_\_\_ No\_\_\_\_\_\_\_  If so, specify the IRB#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IRB for Disclosure: Yes\_\_\_\_\_ No\_\_\_\_\_\_\_  If so, specify the IRB#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **By signing below, you are certifying that the transfer of data is consistent with any applicable Informed Consent, Authorization or IRB Approval.** |
|  | Will Recipient’s use of the Data include the training of an algorithm, machine learning or any other AI development?  Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ : If yes, please describe: \_\_ |

Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Department Chair signature only required if Recipient PI is former WU employee)*

***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 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).

**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.

**Submit the Form to ResearchContracts@email.wustl.edu**