

Data Use Agreement Request Form (JHU SOM only)

A Data Use Agreement (DUA) is required if you will be sending data to or receiving data from an entity outside of JHU. Please use this form to submit data transfer requests that do not include funding. **DUA requests that include nominal costs associated with the transfer of data are eligible to use this form.**

Do not use this form if your data transfer includes funding (other than nominal costs for the data transfer). Requests for agreements that include the transfer of funding (incoming or outgoing) must be submitted to ORA via Fibi. Please contact your department administrator for Fibi assistance if you have a funded DUA. Please consult the [ORA website](#) for additional information.

Requests for non-School of Medicine DUA's should be submitted to JHURA via the [JAWS Intake Form](#).

* **QA** Will incoming or outgoing funds be included with this data transfer request?

Yes

No

Skip To: End of Survey If QA = Yes

If YES: Do not complete this form. This form is solely for unfunded data transfer requests. Data Use Agreements that include incoming or outgoing funding must be submitted to ORA via the Fibi routing system. Please work with your department administrator to submit a request through Fibi and consult the [ORA website](#) for additional information.

If NO: Please continue to question Q1 below.

* **Q1 SOM Data Use Agreement Intake Form**

Will JHU be providing data, receiving data, or both?

Providing data to another entity (Outgoing)

Receiving data from another entity (Incoming)

Both providing and receiving data (Both)

This form is for reference purposes only.

All requests must be submitted via the online [DUA Request Form](#) in Qualtrics.

* *Indicates required fields*

BOTH INCOMING & OUTGOING DUA Questionnaire

* Q2 JHU PI Information

- JHU PI Full Name _____
- PI's email address _____
- Department _____
- Department Cost Center (if known) _____
- Project Title _____
- Anticipated agreement term/duration (in years) _____
- Department contact name _____
- Department contact email _____
- Additional department contact(s) _____

* Q3 Please select the type of Recipient/Provider Organization:

- University or Non-Profit/Foundation
- Federal/Government
- Commercial/For-Profit

* Q4 Will the data be sent to a Recipient/Provider Organization in a foreign country?

- Yes
- No

Display This Question:

If Q4 = Yes

Q5 Please list the foreign country and describe the type of activity that you expect to occur in this country.

***Q6** Please provide contact information for the Recipient/Provider Organization:

- Organization Name *(no abbreviations, please)* _____
- Contact Name _____
- Contact Email Address _____
- Address _____
- Address 2 _____
- City _____
- State _____
- Postal code _____
- Country/Region _____
- Recipient PI Full Name _____

*** Q7 OUTGOING DATA USE - The following questions are related to the data that JHU will be sending to the Recipient Organization**

Were the data generated under a project funded by a JHU School of Medicine sponsored award/contract?

- Yes
- No

Display This Question:

If Q7 = Yes

Q8 If yes, please provide the specific JHU award information, including SAP grant number, if available:

*** Q9 Data Use Questions**

Will the Recipient use the data for non-commercial research purposes only?

- Yes
- No

*** Q10** Please provide a detailed description of the data that JHU will be sending to the Recipient.

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.

*** Q11** Please provide a detailed description of how the Recipient will use 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 in Section 5 of this attachment).

For modifications, please include identification number(s) from the original agreement (e.g sponsor agreement number, Coeus PD, or MyRap number).

*** Q12** Are there any additional restrictions that should be added on the Recipient's use of the data?

Yes

No

Display This Question:

If Q12 = Yes

Q13 Please describe any additional restrictions that should be added on the Recipient's use of the data.

*** Q14 Conflict of Interest**

Do you hold a paid or unpaid appointment, position, or affiliation at the Recipient entity? This includes unpaid positions such as guest, adjunct, honorary, or visitor titles at other institutions.

Yes

No

Skip To: Q16 if Q14 = No

Display This Question:

If Q14 = Yes

Q15 Has the appointment been disclosed to and approved by your divisional dean's office?

All outside appointments require prior approval by your divisional dean's office. Please ensure that all appointments are included in your [eDisclose](#) record.

Yes

No

*** Q16 Special Review Information**

What type of data will be transferred to the Recipient?

Human Subjects data

Animal Research data

Other non-human derived data

Skip To: Q20 If Q16 = Animal Research data

Skip To: Q21 If Q16 = Other non-human derived data

Display This Question:

If Q16 = Human Subjects data

* **Q17** If you are sending human-derived data to the Recipient, are the data HIPAA de-identified, a limited data set, or full Protected Health Information (PHI)? *Please note that limited data sets are not de-identified data - they still contain a limited set of identifiers.*

A list of identifiers that must be removed to make health information de-identified can be found [here](#).

- Yes, sending de-identified data
- Yes, sending limited data set(s)
- Yes, sending full PHI

* **Q18** Has the JHM IRB reviewed and approved the transfer of this human-derived data either as part of a new application or a change in research?

- Yes
- No

* **Q20** Please provide the protocol number under which the data were collected.

* **Q21** Will the data be returned or destroyed after research use by the Recipient Organization/Recipient PI?

- Returned to JHU
- Destroyed by Recipient
- Other

Display This Question:

If Q21 = Other

Q22 If other, please describe the disposition of the data.

* **Q23** Please describe any data or research deliverables that the Recipient will be providing to JHU.

* **Q24 INCOMING DATA USE - The following questions are related to the data that JHU will be receiving from the Provider Organization**

Will you be using the Provider's data on a JHU sponsored project?

Yes

No

Display This Question:

If Q24 = Yes

Q25 If yes, please list the project, including SAP grant number, if available:

*** Q26 Special Review Information**

What type of data will be transferred from the Provider to JHU?

- Human Subjects data
- Animal Research data
- Other non-human derived data

Display This Question:

If Q26 = Human Subjects data

*** Q27** If you are receiving human-derived data from the Provider, are the data HIPAA de-identified, a limited data set, or full Protected Health Information (PHI)? *Please note that limited data sets are not de-identified data - they still contain a limited set of identifiers.*

A list of identifiers that must be removed to make health information de-identified can be found [here](#).

- Yes, receiving de-identified data
- Yes, receiving limited data set(s)
- Yes, receiving full PHI

*** Q28 Data Use Questions**

Will JHU use the data for non-commercial research purposes only?

- Yes
- No

*** Q29** Please provide a detailed description of the data that the Provider will be sending to JHU.

*** Q30** Please provide a detailed description of how JHU will use the data.

***Q31** Please describe any data or research deliverables that JHU will be sending to the Provider related to the incoming data.

Q32 If the other institution has a Data Use Agreement template that they would like JHU to use, please upload an editable version here:

[upload template into Qualtrics form, if applicable]

Q33 If necessary, please provide any additional information, special circumstances, or concerns that ORA should be aware of prior to negotiating this DUA request.