

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*

INCOMING 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 Providing Organization Contact Information

Please select the type of Providing Organization:

University or Non-Profit/Foundation

Federal/Government

Commercial/For-Profit

*** Q4** Please provide contact information for the Providing Organization:

Organization Name _____

Contact Name _____

Contact Email Address _____

Address _____

Address 2 _____

City _____

State _____

Postal code _____

Country/Region _____

Providing PI Full Name _____

*** Q5 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 Q5 = Human Subjects data

*** Q6** 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

*** Q7 Funding Questions**

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

- Yes
- No

Display This Question:

If Q7 = Yes

Q8 If yes, please list the project, including SAP grant number, if available:

*** Q9** Please provide a detailed description of the data that the Provider will be sending to JHU.

*** Q10** Please provide a detailed description of how JHU will use the data.

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

*** Q11** Please describe any data or research deliverables that JHU will be sending to the Provider.

*** Q12 Conflict of Interest**

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

Yes

No

Skip To: Q14 If Q12 = No

Display This Question:

If Q12 = Yes

Q13 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

Q14 If the Providing 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]

Q15 If necessary, please provide any additional information, special circumstances, or concerns that ORA should be aware of prior to negotiating this DUA request.