

# 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*

# 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 Recipient Organization Contact Information

Please select the type of Recipient Organization:

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

## \* Q4 Will the data be sent to a Recipient 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 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 Funding Questions**

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 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: Q13 If Q9 = Animal Research data*

*Skip To: Q14 If Q9 = Other non-human derived data*

*Display This Question:*

*If Q9 = Human Subjects data*

**\* Q10** 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

**Q11** 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

**\* Q13** Please provide the protocol number under which the data were collected.

\* **Q14** 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 Q14 = Other*

**Q15** If other, please describe the disposition of the data.

\* **Q16 Data Use Questions**

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

- Yes
- No

\* **Q17** 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.

- \* **Q18** 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).*

- \* **Q19** Are there any additional restrictions that should be added on the Recipient's use of the data?

- Yes
- No

*Display This Question:*

*If Q19 = Yes*

- Q20** Please describe any additional restrictions that should be added on the Recipient's use of the data.

- \* **Q21** Please describe any data or research deliverables that the Recipient will be providing to JHU.

**\* Q22 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

*Display This Question:*

*If Q22 = Yes*

**Q23** If yes, 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

**Q24** If the Recipient 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]*

**Q25** If necessary, please provide any additional information, special circumstances, or concerns that ORA should be aware of prior to negotiating this DUA request.