

JHU School of Medicine

Data Use Agreement Request Form

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

**If YES, do not submit this form.
Please work with your department Grants & Contracts
Analyst (GCA) to submit a Fibi PD for a funded agreement.**

*** MOD Q1 – Is this a modification to an existing Data Use Agreement?**

Yes

No

Continued on the next page

*** Indicates required fields in Qualtrics. Please answer all questions relevant to your project.**

Data Use Agreement Modifications

- * MOD - Q2 Please provide the identifying number for the original Data Use Agreement (e.g. MyRap record number).
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MOD - Q3 Please upload a copy of the original Data Use Agreement, if available.

[Upload original DUA in Qualtrics form]

- * MOD - Q4 Is JHU providing data, receiving data, or both?

- Providing data to another entity (outgoing)
- Receiving data from another entity (incoming)
- Both sending data to and receiving data from another entity (bilateral)

- * MOD - Q5 JHU PI Information

- * JHU PI Full Name _____
- * PI's email address _____
- * Department _____
- Department Cost Center (if known) _____
- * Project Title _____
- * Department contact name _____
- * Department contact email _____
- Additional department contact(s) _____

*** MOD - Q6 Other Entity Information**

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

*** MOD - Q7 Please provide contact information for the other entity:**

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

*** MOD - Q8 Please select the applicable modification type(s) below:**

- Change of agreement end date
- Change in the data
- Change in the data type (e.g. Limited Data Set to full Protected Health Information)
- Change to the Scope of Work
- Addition of a new site (e.g. clinical trial)
- Change of PI (Provider or Recipient PI)
- Change of Sponsor/other entity's name
- Other change

If changing the Scope of Work, please answer question MOD Q9 below:

(if applicable) * **MOD - Q9** If the Scope of Work (SOW) is changing, please upload an updated version of [FDP Attachment 1](#) that includes the revised SOW.

[Upload revised Attachment 1 in Qualtrics form]

* **MOD - Q10** Please provide a detailed description of what is being modified.

* **MOD – Q11** What type of data will be transferred between JHU and the other entity?

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

If OTHER NON HUMAN DERIVED Data please skip to Q14 on the next page.

If HUMAN SUBJECTS or ANIMAL RESEARCH Data, please answer question MOD Q12 below:

(if applicable) * **MOD - Q12** Please provide the applicable protocol approval number(s) for this project (e.g. IRB, Change in Research/CIR, or IACUC).

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If there will be a CHANGE in the DATA TYPE (Q9) and HUMAN SUBJECTS DATA (Q11), please answer question MOD Q13 below:

(if applicable) * MOD - Q13 If you are changing the data type, please select the new type of data that will be transferred.

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](#).

- De-identified data
- Limited data set(s)
- Full PHI (Protected Health Information)

* MOD – Q14 Do you hold a paid or unpaid appointment, position, or affiliation at the other entity? This includes unpaid positions such as guest, adjunct, honorary, or visitor titles at other institutions.

- Yes
- No

If YES, please answer MOD Q15 below:

(if applicable) * MOD - 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

If JHU will be PROVIDING data to another entity (outgoing DUA mod) OR will be both SENDING AND RECEIVING data (bilateral mod) (MOD Q4), please answer question MOD Q16A below:

MOD - Q16A If JHU is providing data or if the agreement is bilateral, JHU will frequently draft the modification. If the other entity has provided a DUA modification document, please upload an unlocked, editable version below.

[Upload modification document in Qualtrics form]

If JHU will be RECEIVING data from another entity (incoming DUA mod) (MOD Q4), please answer question MOD Q16B below:

(if applicable)* **MOD - Q16B** If JHU is receiving data from another entity, please upload an unlocked, editable version other entity's DUA modification document below.

[Upload modification document in Qualtrics form]

MOD - Q17 If necessary, please provide any additional information, special circumstances, or concerns that ORA should be aware of prior to negotiating this DUA modification.

MOD - Q18 Ready to submit? Please click the "next" button to send your request to ORA. If you do not click "next" your request will not be submitted and will remain in draft form.

End of DUA Modification Questionnaire