

# JHU School of Medicine

## Data Use Agreement Request Form

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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](#).

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**\* 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

**\* Q1 – 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)

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

## Incoming Data Use Agreements

### \* 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) \_\_\_\_\_
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### Providing Organization Contact Information

#### \* Q3 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 (no abbreviations) \_\_\_\_\_
  - Contact Name \_\_\_\_\_
  - Contact Email Address \_\_\_\_\_
  - Address \_\_\_\_\_
  - Address 2 \_\_\_\_\_
  - City \_\_\_\_\_
  - State \_\_\_\_\_
  - Postal code \_\_\_\_\_
  - Country/Region \_\_\_\_\_
  - Providing PI Full Name \_\_\_\_\_
  - Providing PI Email \_\_\_\_\_
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**Special Review Information**

**\* Q5 What type of data will be transferred from the Provider to JHU?**

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

**If ANIMAL RESEARCH or OTHER NON-HUMAN DERIVED Data please skip to Q7 on the next page.**

***If HUMAN SUBJECTS Data, please answer questions Q6 and Q33 below:***

**\* 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

**\* Q33 Please provide the IRB protocol number for the study for which the data is being collected.**

*Please be advised that your DUA cannot be fully executed until IRB approvals are in place.*

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### **Funding/Support Questions**

**\* Q7 Will you be using the Provider's data on a JHU sponsored project?**

- Yes
- No

***If YES, please answer Q8 below:***

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

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

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**\* 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).*

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

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**Conflict of Interest**

**\* Q12 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

*If NO, please skip to Q14.*

*If YES, please answer Q13 below:*

**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 DUA template in Qualtrics form]*

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

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**Q16 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 Incoming DUA Questionnaire***