

**Virginia Commonwealth University  
DATA USE / DATA SHARING AGREEMENT REQUEST**

Complete this request when you are planning to share data with (give to or receive from) an outside entity. Then use the "Submit Document for Review" function in RAMS-SPOT to send this Request to the GRAY Team.

VCU SCIENTIST		EXTERNAL ORGANIZATION	
PI:		Institution:	
Department:		Research Contact (PI):	
Primary User, if not PI:		Admin Contact at External Org:	

**THE DATA:**

**1. Describe the data being transferred under this agreement.**

2. Yes No **Does the data pertain to human subjects?** If yes, provide IRB #

a. Yes No **Does the dataset contain health information?**

b. Yes No **Does the dataset contain any of the [18 HIPAA identifiers](#)?**

c. Yes No **Is the data provided as a Limited Data Set?**

3. Yes No **Do you have a financial or non-financial relationship with the External Organization?**

If **YES**, briefly describe relationship:

- Is your Financial Interest Report (FIR) in the AIRS up-to-date? Yes No

*If you have not completed a FIR, go to [AIRS.research.vcu.edu](https://AIRS.research.vcu.edu) to update.*

**IF VCU WILL RECEIVE THE DATA, COMPLETE THIS SECTION:**

4. Yes No **Do you intend to share the results of this research/project with the provider?**

5. Yes No **Is this a collaboration with the provider?**

6. Yes No **Will students have access to this data?**  
 If **YES**, students are:  Undergraduates  Medical or Dental students  
 (check all that apply)  Masters students  Doctoral students  Other

7. **Data will be used for:**  Educational purposes/ Class project  Research  Other (Please describe)

8. Yes No **Is your research using this Data being supported by an external sponsor?**  
 If **YES**, please provide sponsor and VCU FP number:   
 If **NO**, please be sure your department chair signs this Request Form.

9. Yes No **Is this Data needed for a proposal under development or consideration for funding?**  
 If **YES**, indicate funding agency and provide institution numbers, project numbers, or other details:

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**10. If data is in physical form or agreement specifies physical security standards, provide details re: locking procedure, workstations, or security measures:**

**11. If agreement specifies electronic security standards, please identify your Department IT Representative:**

Name:

Phone/Email:

**IF VCU WILL PROVIDE/SEND THE DATA, COMPLETE THIS SECTION:**

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- 12.     Yes     No     **Do you require the recipient to share the results with you?**
  
- 13.     Yes     No     **Is this a collaboration with the recipient?**
  
- 14.     Yes     No     **Has the Data been collected yet?**
  
- 15.     Yes     No     **Is/was Data collection funded by an external sponsor?**
  
- 16.     Yes     No     **Is the Data under review by Innovation Gateway (formerly Technology Transfer)?**
  
- 17.     Yes     No     **Is the Data associated with any Invention Disclosures or Patent Applications?**
  
- 18.     Yes     No     **Are you aware of any restrictions or confidentiality obligations that impact sharing this Data?**
  
- 19.     Yes     No     **Is there a cost associated with providing the data?**
  
- 20.     Yes     No     **Do you have any additional requirements for this transfer?**

**21. If YES to any of the questions in this section, please elaborate or explain:**

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**PRINCIPAL INVESTIGATOR CERTIFICATION:** To the best of my knowledge, the answers to the questions are true, complete and accurate. I and agree to abide by the terms and conditions of the agreement as finalized and adhere to VCU's policies and procedures. I am a VCU faculty member authorized to oversee the transfer and use of the Data named above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF PROJECT IS NOT EXTERNALLY FUNDED, DEPARTMENT CHAIR APPROVAL REQUIRED:**

The departmental resources deemed necessary under this agreement are available to conduct this project/research.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date