This form is used when you are planning to share data with (give to or receive from) an outside entity. Submit this completed form and supporting documents for University review and signature to: mtadua@vcu.edu

**VCU SCIENTIST**

**PI Name & Department:**

**Departmental Administrative Contact:**

**EXTERNAL ORGANIZATION/ENTITY**

**Name of External Organization/Entity:**

**PI / Research Contact at External Organization:**

(Name, Phone Number, and Email address, if known)

**Administrative Contact at External Organization:**

(Name, Phone Number, and Email address, if known)

### ABOUT THE DATA

1. Describe the data being transferred under this agreement.

2a. [ ] Yes [ ] No **Is this human data?** If yes, attach IRB Approval Letter, Exemption Letter, or Determination Letter

2b. [ ] Yes [ ] No **Is the data confidential under HIPAA?**

2c. [ ] Yes [ ] No **Is the data provided as a limited data set?**

If VCU will RECEIVE the Data, complete this section:

3. [ ] Yes [ ] No **Will you make a derivative or modification of the data set you receive?**

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

4b. [ ] Yes [ ] No **Is this a collaboration with the provider?**

5. [ ] Yes [ ] No **Will students have access to this data?**

   If yes, students are:
   - [ ] Undergraduates
   - [ ] Masters students
   - [ ] Doctoral students
   - [ ] Medical or Dental students
   - [ ] Other (Please describe)

6. The data will be used for:

   - [ ] Educational purposes/ Class project
   - [ ] Research purposes
   - [ ] Other (Please describe)

7. Project is supported by:

   - [ ] External funds
   - [ ] Internal funds
   - [ ] Other (Please describe)

   Provide PT/PD/FP # & agency:

   Provide funding source:

8. [ ] 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:

9a. If data is in physical form or agreement specifies physical security standards, provide details re: locking procedure, workstations, or security measures:
9b. If there are electronic security standards, please identify your Department IT Representative:
   Name:
   Phone/Email:

If VCU will PROVIDE the Data, complete this section:

11. ☐ Yes ☐ No If this is human data, is the data de-identified?  ☐ Not Applicable

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 Is the data under review by Innovation Gateway (formerly Technology Transfer)?

15. ☐ Yes ☐ No Was this data collected with the use of federal funds?
   If yes, indicate funding agency and provide institution PT/PD/FP number(s):

16. ☐ Yes ☐ No Are you aware of any restrictions or confidentiality obligations that would impact sharing this data?
   If yes, please elaborate:

17. ☐ Yes ☐ No Is there a cost associated with providing the data?
   If yes, please elaborate:

18. ☐ Yes ☐ No Do you have any additional requirements for this transfer?
   If yes, please elaborate:

PRINCIPAL INVESTIGATOR CERTIFICATION: To the best of my knowledge, the answers to the questions are true, complete and accurate. I have read the referenced MTA 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’S APPROVAL: The departmental resources deemed necessary under this agreement are available to conduct this project/research.

Signature ___________________________ Date ___________________________