

**VIRGINIA COMMONWEALTH UNIVERSITY
DATA USE AGREEMENT REQUEST FORM**

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 Medical or Dental students
(check all that apply) Masters students Other (Please describe)
 Doctoral students

6. **The data will be used for:** Educational purposes/ Class project Other (Please describe)
 Research purposes

7. **Project is supported by:** External funds *Provide PT/PD/FP # & agency:*
 Internal funds *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:**

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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