



CEDARS-SINAI®

**Grant and Contract Services**  
**Request for Collaboration or Data Use Agreement**

Please complete this form to initiate a Collaboration Agreement or Data Use Agreement (DUA), related to federal or non-profit sponsored projects. Please submit completed forms to [GCS Grant Officers](#).

CSMC Principal Investigator

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Collaborating Principal Investigator

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CSMC Principal Investigator Email

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Collaborating Principal Investigator Email

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Collaborating Institution

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Date

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Project/Protocol Title

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Agreement Term:      Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Associated Project Number: \_\_\_\_\_

IRB and/or IACUC protocol (if pending, state "pending"): IRB: \_\_\_\_\_ IACUC: \_\_\_\_\_

**Request Type:**

1. If Collaboration Agreement, will there be a transfer of any materials or samples:

2. If DUA, what is the Data Classification:

3. Description of Data and/or Material:



4. Description of Project:

5. Disposition Requirements:

6. Reimbursement of Costs:

Reimbursement Method:

7. Support and Data Transfer:

Data to be Transferred (select one):                      Electronically                      by Mail (provide address below)

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

8. If Collaboration Agreement, are publications expected?

9. If Collaboration Agreement, are inventions or other intellectual property expected?



10. Additional Comments:

11. Document Type:

12. Attachments (Click a button to add an attachment. Attachments will appear in the left-side navigation menu of this form)

***By submitting this request, I certify that the foregoing is approved by the PI, true and correct to the best of my knowledge, and I agree to comply with current Institution policies and federal regulations.***