

Research Data / Software Request

This form is used when you require assistance in obtaining data or software for your research program.

If you have been provided a contract, please provide to IPIRA at mta@berkeley.edu.

(Please forward email correspondence from Provider to MTA@Berkeley.edu)

Questions? Please send to mta@berkeley.edu



1. **Principal Investigator:** Dennis M. Feehan

**Administering
Unit/Department:**
Demography

Email:
Phone:

2. **Primary Researcher who will use the software / data, if not Principal Investigator:**

Name: Casey Breen

Email: caseybreen@berkeley.edu

Phone: 8123603930

3. **Name of Provider Organization (the company or institution which will be sending the data / software):** Several academic and other institutions; see agreement. Impact Initiatives

4. **Research contact for obtaining this software / data:**

Name: Trevor Darrell

Email:

Phone:

5. **Legal contact at the Provider Organization.**

Name: Various; See agreement

Email:

Phone:

6. **What is the data / software you are requesting?** Provide full name of data set. Include provider website, citation or description if applicable.

We are interested in

7. **How long do you plan to use the data / software (maximum of 10 years)?** We are p

8. **Please list all source(s) of funding for your research with the data or software (i.e. agency and fund number).** This will help us manage conflicts between obligations to research sponsors and any obligations requested by the Provider Organization.

8b. **Is the data or software being purchased?** ☐ **Cost:** _____

9. **For the purposes of research compliance review, check all of the following which apply.**

☐ Data / software has research subject data

☐ Research will use human subjects

If applicable please provide CPHS Protocol no. _____

☐ Data / Software will need data security, cloud storage or other IT support

☐ Data is personally identifiable

☐ Data includes personal medical or health info

☐ Data is covered under HIPAA

☐ Data / software may be subject to export control restrictions
If known, please provide ECCN: _____

10. **Please check the appropriate boxes below.** We are required to collect this information for the purposes of financial conflict of interest review.

☐ Yes ☐ No

Do you have a financial interest in the provider organization (income, consulting, gift, stock ownership or management position)? If "Yes," it may be necessary to file Form 700-U, "Statement of Economic Interests." We will contact you to assist you in determining your need to file a 700-U.

(* In Facebook only; previously disclosed on multiple 700-U forms for BAIR Commons which have been approved w/o action)

11. **Please check the appropriate boxes.** The following questions are helpful to us in completing data / software transfers.

☐ Yes ☐ No

Are you aware of alternative sources, or do you know if this data is commercially available?

☐ Yes ☐ No

Will the data / software be used in conjunction with any other data / software received from a third party?

☐ Yes ☐ No

Are the data / software relevant to any previous or pending disclosures of inventions from your lab?

☐ Yes ☐ No

Do you have other contracts, grants, or confidentiality agreements relating to this data / software?

☐ Yes ☐ No

Will the data / software require IT security?

12. **Please briefly describe how the data / software will be used in your research.** State the goal of the experiments, purpose or function of the requested data / software. Attach additional pages if necessary.

13. PRINCIPAL INVESTIGATOR CERTIFICATION: By signing this form or submitting this through my registered campus email address, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with current university policies and federal regulations.

Name

Date