



DATA USE AGREEMENT REQUEST

The Office of Sponsored Research requires completion of the Data Use Agreement (“DUA”) Request form for all proposed DUAs with other Institutions. Please download and complete this fillable PDF form and attach all required documents directly to this file. As you complete the form, note the following:



Do not complete this form on your browser. Download the file to your desktop before starting;



After you have attached documents to the PDF, you can view, delete or save them by clicking the paperclip icon on the left side navigation of the PDF;



Use the Save icon to save the PDF as a fillable file. Please do not “print to PDF” or scan a hard copy of the form; and



OSR prefers electronic signatures. If you need to print a hard copy to sign, please upload a scanned copy of the signature page to this file where indicated.

Please email the completed form, or any questions about the form, to the Office of Sponsored Research to: osr_intake@stanford.edu. The appropriate Contract & Grant Officer will contact you about next steps. Thank you.



DATA USE AGREEMENT REQUEST

ADMINISTRATIVE INFORMATION

Stanford Principal Investigator		Stanford Lab Contact	
Last	First	Last	First
Email	Phone Number	Email	Phone Number
Department	Data is		
	Incoming (Sections A, B, C)	Outgoing (Sections A, B, D)	Both (All Sections)

A. INFORMATION ABOUT THE DATA

1. Brief Description of the Data:

Sending to:

Receiving from:

2. Is the data related to human subjects?

Yes No

a. If "Yes," please respond to the following:

i. Please review the definitions of [Protected Health Information](#), [Limited Data Set](#), and de-identified data (if you have any questions about the classification of the data, contact the [Privacy Office](#)). This data is:

ii. Provide one of the following:

Protocol number for use of the data

Attach IRB letter, exemption letter or determination letter

3. Is the data considered sensitive or confidential (e.g. under a non-disclosure agreement)?

Yes No

If "Yes," describe:

4. Is the data considered [export controlled information](#)?

Yes No

B. USE, TRANSFER AND STORAGE OF THE DATA

1. Brief description of how the data will be used:

2. Will the data be used for:

If "Sponsored research," please select one:

SPO/Project Title

Proposal in progress

3. Will the data be combined with data from other sources?

Yes No

If "Yes," provide the source:

4. Will the scope of work involve any existing Stanford intellectual property?

Yes No

5. Do you anticipate intellectual property evolving from the use of the data?

Yes No

6. How will the data be accessed, received, or provided? (Check all that apply)

Paper

Thumb-drive/hard drive

Electronic portal

Download

View-only

Electronic transfer:

Stanford server access (SuNet ID)

Other:

**DATA USE AGREEMENT REQUEST****C. FOR INCOMING DATA ONLY**

1. **How/where will the data be stored?** N/A; data will not be stored at Stanford or is available for view-only access
- a. Specify the physical security standards in place:
- b. Provide the contact information for your department IT person:
2. **Will the *results* of your activity be shared with any outside (non-Stanford) parties?** Yes No Clear
If "Yes," identify the party(ies):
3. **Will the *data* be shared with any outside (non-Stanford) parties?** Yes No Clear
If "Yes," identify the party(ies):
4. **Will the data be shared with/accessed/used by anyone at Stanford other than the PI?** Yes No Clear
If "Yes," identify the party(ies):
5. **Is there a cost associated with receiving the data?** Yes No Clear
If "Yes," how will the costs be covered:

D. FOR OUTGOING DATA ONLY

1. **Was the data gathered, or will it be gathered, as part of a sponsored project?** Yes No Clear
If "Yes," provide the SPO/Project Title:
2. **The data will be provided as part of a collaborative research project and result in a joint publication?** Yes No Clear
3. **Will the requester combine the data with materials from other sources?** Yes No Clear
If "Yes," explain:
4. **Do you require the requester to share its results with you?** Yes No Clear
5. Please explain any additional restrictions on the use of the data that you would like to request (e.g. specific users only, special security/encryption requirements, limits on what the data can be used for, etc.).

E. ATTACHMENTS

For incoming data, please attach the draft Data Use Agreement from the Data Provider, if available, and any supporting documentation as a part of this request. For outgoing data, please attach any additional supporting documentation.

PI CERTIFICATION

I acknowledge and accept the obligations related to this Data Use Agreement.

Signature of Stanford Principal Investigator

Date