

**VIRGINIA COMMONWEALTH UNIVERSITY  
DATA USE AGREEMENT SUBMISSION 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](mailto:mtadua@vcu.edu)

<b>VCU PI Name &amp; Department</b>	
<b>PI's Departmental Administrative Contact</b>	

**External Organization/Entity:**

<b>Name of External Organization/Entity</b>	
<b>PI / Research Contact at External Organization/Entity</b> (Name, Phone Number, and Email address, if known)	
<b>Administrative Contact at External Organization/Entity</b> (Name, Phone Number, and Email address, if known)	

**Information about the Data:**

<b>Describe the data being provided under this agreement.</b>	<b>Is this human data?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide IRB Approval Letter, Exemption Letter, or Determination of No Human Subject Involvement
<b>Is the data confidential under HIPAA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this a limited data set?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Complete this section if VCU will RECEIVE the Data:**

<b>Will you make a derivative or modification of the data set you receive?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this data needed for a proposal under development or consideration for funding?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate funding agency and provide institution numbers, project numbers, or other details:
<b>Do you intend to share the results of your research/project with the provider?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is this a collaboration with the provider?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If there are physical storage requirements, please provide details re: locking procedure, workstation to be used, or office security measures:</b>	<b>List all sources of funding for your research with this data (PT/PD/FP number, funding agency, etc.).</b>
<b>If there are electronic security standards, please identify your Department IT representative:</b> Name: Phone/E-mail:	<b>List all other agreements related to this DUA:</b>

**Complete this section if VCU will PROVIDE the Data:**

<b>Is the data de-identified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is the data under review by Tech Transfer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you require the recipient PI to share results with you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was this data collected with the use of federal funds?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide institution (PT/PD/FP) number(s):
<b>Is this a collaboration with the recipient?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you aware of any restrictions or confidentiality obligations that would impact sharing this data?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – specify:	

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**Is there a cost for you to provide the data?**

☐ Yes

☐ No

☐ Shipping Only-via Recipient entity; FedEx Account

*Costs charged must total exact costs spent to provide data.*

If yes, explain:

**Do you have any other requirements for the exchange?**

☐ Yes

☐ No

If yes, explain:

**PRINCIPAL INVESTIGATOR CERTIFICATION:** To the best of my knowledge, the answers to the questions are true, complete and accurate. I have read the referenced DUA and agree to abide by the terms and conditions of the agreement as finalized and to adhere to VCU's policies and procedures. I am a VCU faculty member authorized to oversee the transfer and/or use of the Data named above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DEAN'S APPROVAL:** The departmental resources deemed necessary under this agreement are available to conduct this research.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date