Submit this completed form and supporting documents for University review and signature to: [sarobb@vcu.edu](mailto:sarobb@vcu.edu)

|  |  |
| --- | --- |
| University PI Name/Department:  Click here to enter text. | Name of Company/Institution:  Click here to enter text. |
| PI’s Departmental Administrative Contact  Click here to enter text. | Company/Institution Contact for Agreement Issues:  Click here to enter text. |
| Describe Data being provided under this DUA:  Click here to enter text. | Company/Institution PI Name:  Click here to enter text. |

**General Questions:**

|  |  |  |
| --- | --- | --- |
| Is this human data?  Yes  No  If yes, provide IRB approval letter, exemption letter or determination of no human subject involvement | Is the data confidential  under HIPAA?  Yes  No | Is this a limited data set?  Yes  No |

**If VCU is receiving data, answer the following questions:**

|  |  |
| --- | --- |
| Will you make a derivative or modification of the data set you receive?  Yes  No | Do you intend to share the results of your research/project back with the provider?  Yes  No |
| Is this a collaboration with the provider?  Yes  No | Is this data needed for a proposal under development or consideration for funding?  Yes  No If yes, indicate name of funding agency and provide institution numbers, project numbers of details: Click here to enter text. |
| If there are physical storage requirements, please provide details re: locking procedure, workstation to be used, or office security measures:Click here to enter text. | If there are electronic security standards, please identify your Department IT representative:  Name:Click here to enter text.  Phone/E-mail:Click here to enter text. |
| What is the source of funds to do the research with this data?  Index Number: Click here to enter text. | List all other agreements related to this DUA:  Click here to enter text. |

**If VCU is providing data, answer the following questions:**

|  |  |
| --- | --- |
| Is the data de-identified?  Yes  No | Is this a collaboration with the recipient?  Yes  No |
| Do you require the recipient PI to share results with you?  Yes  No | Was this data collected with the use of federal funds?  Yes  No If yes, provide institution number:  Click here to enter text. |
| Are you aware of any restrictions or confidentiality obligations that would impact sharing this data?  Yes  No If Yes – specify:Click here to enter text. | Is the data under review by Tech Transfer?  Yes  No |
| Is there a cost for you to provide the data? Costs charged must total exact costs spent to provide data:  Yes – explain:  Shipping Only-via Recipient entity; FedEx Account  No | Do you have any other requirements for the exchange?  Yes-specify Click here to enter text.  No |

To the best of my knowledge, the answers to the questions are true, complete and accurate. I have read the reference DUA and agree to provide the data as outlined, adhering to VCU’s policies and procedures. I am a VCU faculty member authorized to oversee the transfer of the data named above:

Principal Investigator: Date: