**UMBC Office of Sponsored Programs (OSP)**

**SUBMISSION FORM FOR THE EVALUATION OFDATA USE AGREEMENTS (DUA)**

*Submit this completed form and supporting documents to OSP for Review and Signature to:* *ospa@umbc.edu*

**NOTE**: The DUA should normally not be used if a funding agreement (i.e., a subcontract) is in place between UMBC and the other entity for the same project. The funding agreement should address data-sharing. Please consult with your Grants and Contracts Manager to ensure that the appropriate language has been included in the applicable funding agreement. If this DUA relates to current funding, please contact your OSP manager prior to completing this form

**Please Check Only One:**

**NEW DUA** **[ ]**

**DUA MODIFICATION** **[ ]**

**(Modification # \_\_\_\_)**

|  |  |
| --- | --- |
| **University Principal Investigator (PI) Name/Department**: | **Name of Company/Institution**: |
| **PI’s Departmental Administrative Contact**:Name: Phone/Email:  | **Company/Institution Contact for Contracts/Legal Issues**:Name: Email/Phone: |
| **Describe Data being provided under this DUA:** | **Company/Institution PI Name**:  |

|  |  |
| --- | --- |
| **Is UMBC *Receiving (Incoming)* Data?** [ ]  Yes - ***Complete this column*****Describe purpose of the Exchange**:      **Data Required By (Insert Date):**      **Is this human data that is [identifiable private information](http://research.umbc.edu/special-topics-related-to-human-research-use-2/%22%20%5Cl%20%22restricted) ?** [ ]  Yes [ ]  NoIf yes, provide IRB approval letter.If no, provide exemption letter or determination of no human subject involvement. **Is the data confidential under HIPAA?** [ ]  Yes [ ]  No**Is it a limited data set?** [ ]  Yes [ ]  No**Please provide additional details/info (via attachment) regarding the data set (i.e., field names, record quantity, etc.)**     **Was this data generated by utilizing data obtained from a 3rd party (under a separate DUA, contract, etc.)?****[ ]** Yes **[ ]** NoIf yes, provide name of 3rd party, DUA/contract reference # or details:      **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 [ ]  NoIs 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 please provide Institution numbers, Project numbers or details:      **If there are physical storage requirements, please provide details re: locking procedure, workstation to be used, or office security measures:**      **If there are electronic security standards, please identify your Dept. IT Representative:**Name:      Phone/Email:        | **Is UMBC *Providing (Outgoing)* Data?** [ ]  Yes - ***Complete this column*****Describe purpose of the Exchange:**      **Data Required By (Insert Date):**      **Is this human data**? **[ ]** Yes [ ]  NoIf yes, provide IRB approval letter or IRB Authorization Agreement (e.g., IAA)Does the informed consent allow for sharing of data? **[ ]** Yes [ ]  NoIf yes, please attach informed consent.**Is the data confidential under HIPAA?**  **[ ]** Yes [ ]  NoIs it a limited data set? [ ]  Yes [ ]  No**Please provide additional details/info (via attachment) regarding the data set (i.e., field names, record quantity, etc.)**     Do you require the recipient PI to share results back with you? [ ]  Yes [ ]  NoIs this a collaboration with the recipient?  [ ]  Yes [ ]  No**Was this data collected with the use of federal funds?**  **[ ]** Yes [ ]  NoIf yes, provide institution numbers, project numbers or details:      **Was this data generated by utilizing data obtained from a 3rd party (under a separate DUA, contract, etc.)?****[ ]** Yes **[ ]** NoIf yes, provide name of 3rd party, DUA/contract reference # or details:      Do you have any other requirements for the exchange? [ ]  Yes-Specify:       [ ]  NoAre you aware of any restrictions or confidentiality obligations that would impact sharing this data?[ ]  Yes-Specify:       [ ]  NoIs the Data under review by OTD?  [ ]  Yes [ ]  NoIf yes, with whom are you working?      **Is there a cost for you to provide data? Costs charged must total exact costs spent to provide data.**[ ]  Yes; please explain:      [ ]  Shipping Only – via Recipient entity; FedEx account[ ]  No |

***ANSWER THE FOLLOWING IF PROVIDING OR RECEIVING DATA***:

|  |
| --- |
| **What is the source of funds you are using to do the research with this data:** Please Provide Fund/Project number or details:       |
| **List all other agreements related to this DUA** (i.e., Sponsored Research Agreement, Government or Other Grant, CDA, License, MTA, Other Agreement and provide Institution Number/Project Number or specific details for each):       |

***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 provide the data as outlined adhering to UMBC policies and procedures. I am a UMBC faculty member authorized to oversee the transfer of the data named above.***

**Principal Investigator: Date: \_\_\_\_\_\_\_\_**