# DATA USE AGREEMENT REQUEST FORM

For all Data Use Agreements (DUAs), please send this completed form, along with any supplementing documents, via Click Agreements (instructions provided) to HSC Sponsored Projects. This form may be used for multiple DUA's under one Project BUT you must provide all collaborator contact information and data elements for each collaborator, however, a separate Click record will need to be initiated for each DUA under this project.

Please note: All information stated in this form must be congruently stated in your IRB protocol if human subject research.

1. Please complete the table below:

| HSC Principal Investigator | |
|---|---|
| Name | |
| E-mail | |
| Project title | |
| Sponsored/ Project Award #: | |

| HSC PI Proxy | |
|---|---|
| Name: | |
| Email/Phone: | |

| External Party managing the DUA | |
|---|---|
| Name | |
| Type of Organization: | ☐ Industry/Company<br>☐ Academic/Research Institution<br>☐ Government Agency<br>☐ Other |
| Foreign Entity: | ☐ Check here if external party is a foreign entity<br>If checked, please complete the Export Control Exclusion Screening Form |

| External Party Principal Investigator | |
|---|---|
| Name: | |
| Email/Phone: | |

| External Party Contracting Official's Contact Information | |
|---|---|
| Name: | |
| Email/Phone: | |

| **If there is more than one external party requiring a DUA for this project, please add other external parties. Please include the following for each additional external party:** | | | |
|---|---|---|---|
| **Organization** | **Contact Name** | **Email/Phone** | **PI Full Name** |
|  |  |  |  |
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|  |  |  |  |

2. Please provide a short description of the project (limit 250 words)

3. Is the data incoming, outgoing, or will it be shared both ways?

       ☐ Incoming (an external party will share the data with UNM HSC)

       ☐ Outgoing (UNM HSC will share data with an external party)

       ☐ Both/Multidirectional with other institutions

4. Will the data ever be uploaded to a repository by you, your team, or the recipient?

   ☐ Yes               ☐ No

    a. If yes, is the repository managed by a federal institution or private entity?

       ☐ Federal       ☐ Private

    b. Name of the Repository:

5. Describe how the data will be securely transmitted/shared with another party below:

    a. If using a database/data repository managed by another party, please include details about the system such as the URL for the website/portal and the details for who will manage security, maintenance, and access controls for the site. Include institution and contact name.
Data transfer portal details:

    b. If data is received/sent out using an HSC-managed system, **please choose from the approved list below:**
       ☐ HSC's Secure File Transfer System (SFTP)
       ☐ HSC's REDCap
       ☐ UNM's Qualtrics (non-clinical data)
       ☐ None of the above

    c. if none of the above is an option, describe the plans for receiving, sending out, or accessing data. Consulting with the ISO on options is suggested. Contact ISO at: HSC-ISO@salud.unm.edu. Entering an IT Service request ticket for requesting any of the above services is also available.

6. Is this human subjects research data? If yes, please provide the IRB protocol number if one exists.

☐ Yes – IRB # _____     ☐ Not applicable     ☐ Pending

7. If this is human subjects data, select which of the following best describes the type of data. Check all that apply. Please see the DUA reference guide for definitions/examples.

☐ De-identified human subjects
☐ Limited Data Set
☐ Personally Identifiable Information (PII)
☐ Protected Health Information (PHI)
☐ Other, please explain

8. If this is human subject data, will the data be **shared with the external parties** include any of the following identifiers? (check all that apply; continue on the next page)

☐ Names
☐ Any geocodes that identify an individual household such as a street address or Post Office Box Number
☐ Telephone number
☐ Fax numbers
☐ Electronic mail (email) addresses
☐ Social Security numbers
☐ Health plan beneficiary identifiers
☐ Account numbers
☐ Certificate/license numbers
☐ Vehicle identifiers and serial numbers, including license plate numbers
☐ Medical device identifiers and serial numbers
☐ Web universal resource locators (URL)
☐ Internet Protocol (IP) address numbers
☐ Biometric identifiers, including finger and voice prints
☐ Full face photographic images
☐ Geographic subdivision smaller than a state
☐ 5- or 9-digit ZIP codes
☐ Any elements of dates (except year), including the date of service, date of birth, date of death, etc.
☐ Specific age over 89 years
☐ Any other unique identifying number, characteristic, or code that the researcher could use to identify the individual

9.  Is the Data covered under a Certificate of Confidentiality?
    ☐ Yes                    ☐ No


10. If human subject data, please describe data to be sent out (outgoing) and/or received (incoming) in the table below for each collaborator.

| External Entity's Name:<br><br>(Should match Q1) | Data Classification of the Incoming/Outgoing Data (i.e. limited data set) | Describe Incoming Data | Describe Outgoing Data |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |


11. Is the data that is going to be transferred/shared owned or partially owned by another party?
    ☐ **Yes**                ☐ **No**

    If Yes, please provide details:


12. Will you also be requiring a Material Transfer Request related to this DUA?

    ☐ **Yes**                ☐ **No**

    If yes, SPO will contact you with further directions.

13. Is the external entity a "covered entity" (HIPAA-covered entities include health care providers (i.e. hospitals, doctors, academic health centers), health plans, and clearinghouses):
    ☐ **Yes**                ☐ **No**


14. Will UNM HSC have an honest broker as part of the data transfer??
    ☐ **Yes**                ☐ **No**

15. Are there any additional instructions or information you would like to provide?