



HSC Financial Services Division / Sponsored Projects Office

Incoming Data Tracking Form

PI Name:

PI Department:

PI Email:

External Party Name:

External Party Contact:

External Party Email:

External Party Phone Number:

Study Title:

Short Description (less than 250 words) of data being received:

By providing this form, I, the Principal Investigator of this project am confirming the external entity does not require a Data Use Agreement for UNM HSC to receive data.

PI Name:

PI Signature:

Date:

Please email to HSC-DUASPO@salud.unm.edu