Sponsored Programs Administration Data Use/Data Transfer Intake Form

Instructions:
The Sponsored Programs Administration (SPAdmin) Data Use Agreement (DUA)/Data Transfer (DTA) Intake Form is designed to be completed and signed by the Principal Investigator, and is to be submitted to Sponsored Programs Administration for negotiation along with the following documentation:

- An editable Word version of the Data Use or Data Transfer Agreement as applicable (via email to kkleus@unmc.edu) as may be received from the collaborating party
- Contact information for the individual(s) responsible for negotiating the DUA/DTA on behalf of the Data Disclosing Party or the Party Receiving Data
- IRB application number

If you have questions, please contact Karla Klaus at 402-559-7614.

***PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED OR PROCESSED***

How Information Will Be Used:
Responses on the Intake Form and information contained in the IRB Application will guide Sponsored Programs Administration staff in negotiating DUA/DTA terms and in establishing workable timelines.

Note:
- SPA will not initiate the review/negotiation of the DUA/DTA until the corresponding IRB application has been submitted to the IRB.
- DUA/DTA Intake Form users are encouraged to return to the Sponsored Programs Administration website - http://www.unmc.edu/dept/spa/ - for the most recent version of the DUA/DTA Intake Form as it may be periodically updated.

Research Project Information:

Title of Research Project: ____________________________________________

Name of Institution Disclosing Data: ______________________________________

Name of Investigator Responsible for Disclosing Data: _____________________________

Name of Institution Receiving Data: ____________________________________________

UNMC Contacts

Principal Investigator  Study Coordinator/Biostatistician
Name: __________________________ Name: __________________________
Extension: ______________________ Extension: ______________________
Email: __________________________ Email: __________________________

Third Party Contacts

Institution/Agency Contract Negotiator  Disclosing/Receiving Scientist
Name: __________________________ Name: __________________________
Telephone: ______________________ Telephone: ______________________
Email: __________________________ Email: __________________________
Address: _________________________ Address: _________________________
_____________________________  __________________________
_____________________________  __________________________

Timeline:

1. What is the proposed date to transfer the data set for the Research Project?

2. Is an IRB required for this Study?
   ___ Yes  ___ No
   If “Yes”, has your protocol been submitted to the IRB?
   ___ Yes (Number _________________)
   ___ No

3. Will funding be provided by one party to the other party in support of the transfer of data? E.g., Party to provide funding for coordinator time to compile data, IRB fees, shipping costs, etc.
   If so, please provide line-item funding/reimbursement and source(s) of funding.

4. What is the intended use of the transferred data:
   ___ Research  ___ Health Care Operations (Quality Improvement)  ___ Public Health

5. List the names and titles of those individuals who will receive access to the data set under the DUA/DTA Agreement on behalf of the Receiving Party:

6. Provide a detailed listing of the data elements to become transferred to the receiving party under the DUA/DTA Agreement: e.g., name, initials, race, gender, date of diagnosis, stage and sites of disease involvement, date of relapse, medical record number, date of death, etc.

7. Will the data set or any portion thereof become shared or transferred to a third party who will not be made a named party to the requested data sharing agreement? E.g., does the Receiving Party intend to transfer the data set to another third party not previously listed on this form? If so, please explain in detail, e.g., Name of third party, reasons for disclosure, will the transfer of the data set contain identifiers or will the data become de-identified, etc.

8. What is the location for storage of the research data and what security requirements are needed (if required by the data provider)?

PI Signature

Printed Name_______________________________ Date ____________________