To initiate the contract review process, email the following to [spacontracts@unmc.edu](mailto:spacontracts@unmc.edu):

* This completed form, signed and dated by the PI
* If UNMC is receiving data, provide an editable contract from institution sending data

If an IRB is required for this DUA, please submit the corresponding UNMC IRB application prior to submitting this form.

|  |  |
| --- | --- |
| **UNMC INFORMATION** | |
| Principal Investigator: | Study Coordinator: |

|  |  |
| --- | --- |
| **COLLABORATING INSTITUTION** | |
| Name of Institution: | |
| PI/Research Collaborator: | Email: |
| Contract Negotiator Name: | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT INFORMATION** | | | |
| Title of Research Project: | | | |
| What is the proposed date to transfer the data set for the Research Project? | | | |
| What is the intended use of the transferred data? | | | |
| Research | Public Health | Health Care Operations (Quality Improvement) | Other: |
| Provide a detailed listing of the data elements being transferred under the DUA 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. | | | |

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| **UNMC RECEIVING DATA** | **UNMC SENDING DATA** |
| Is UNMC ***receiving*** data?  Yes  No  If yes, complete this column: | Is UNMC ***sending*** data?  Yes  No  If yes, complete this column: |
| Do you intend to share the results of your research/ project back with the provider?  Yes  No | Do you require the recipient PI to share the results back with you?  Yes  No |
| Is this a collaboration with the provider?  Yes  No | Is this a collaboration with the recipient?  Yes  No |
| List the name and title of the individuals who will access and work with data: | Do you have any other requirements for the exchange?  Yes  No If yes, please explain: |
| Location of storage of data: |
| Is UNMC Hosting a third-party registry?  Yes  No | Method of transfer of data: |

|  |  |  |
| --- | --- | --- |
| **REGULATORY** | | |
| Is this human subject data?  Yes  No | | If not, please describe: |
| Is an IRB required for this Study?  Yes  No | | **IRB protocol number** |
| *If an IRB is required, provide the corresponding UNMC IRB protocol number on this form prior to submission.* | | |
| Does the data contain any protected health information (PHI)?  Yes  No  If yes, please select all that apply: | | |
|  | Names | |
|  | Any geocodes that identify an individual household such as a street address or PO Box Number | |
|  | Telephone numbers | |
|  | 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 90 years | |
|  | Any other unique identifying number, characteristic, or code that could be used by the researcher to identify the individual? | |

|  |  |  |  |
| --- | --- | --- | --- |
| UNMC PI Signature: |  | Date: |  |