



## DATA USE AGREEMENT REQUEST

<b>ADMINISTRATIVE INFORMATION</b>			
Stanford Principal Investigator		Stanford Lab Contact	
Last	First	Last	First
Email	Phone Number	Email	Phone Number
Department	Data is		
<input type="radio"/> Incoming (Sections A, B, C) <input type="radio"/> Outgoing (Sections A, B, D) <input type="radio"/> Both (All Sections)			

### A. INFORMATION ABOUT THE DATA

**1. Brief Description of the Data:**

Sending to:

Receiving from:

**2. Is the data related to human subjects?**     Yes     No

a. If "Yes," please respond to the following:

- i. Please review the definitions of Protected Health Information, Limited Data Set, and de-identified data (if you have any questions about the classification of the data, contact the Privacy Office). This data is:

[Select one]

- ii. Provide one of the following:

- Protocol number for use of the data  
 Attach IRB letter, exemption letter or determination letter

**3. Is the data considered sensitive or confidential (e.g. under a non-disclosure agreement)?**     Yes     No

If "Yes," describe:

**4. Is the data considered export controlled information?**     Yes     No

### B. USE, TRANSFER AND STORAGE OF THE DATA

**1. Brief description of how the data will be used:**

**2. Will the data be used for:**

[Select one]

If "Sponsored research," please select one:

- SPO/Project Title  
 Proposal in progress

**3. Will the data be combined with data from other sources?**     Yes     No

If "Yes," provide the source:

**4. Will the scope of work involve any existing Stanford intellectual property?**     Yes     No

**5. Do you anticipate intellectual property evolving from the use of the data?**     Yes     No

**6. How will the data be accessed, received, or provided?** (Check all that apply)

- Paper  
 Thumb-drive/hard drive  
 Electronic portal  
      Download  
      View-only  
 Electronic transfer:  
 Stanford server access (SuNet ID)  
 Other:



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### C. FOR *INCOMING* DATA ONLY

1. How/where will the data be stored?  N/A; data will not be stored at Stanford or is available for view-only access

- a. Specify the physical security standards in place:  
 b. Provide the contact information for your department IT person:

2. Will the *results* of your activity be shared with any outside (non-Stanford) parties?  Yes  No

If "Yes," identify the party(ies):

3. Will the *data* be shared with any outside (non-Stanford) parties?  Yes  No

If "Yes," identify the party(ies):

4. Will the data be shared with/accessed/used by anyone at Stanford other than the PI?  Yes  No

If "Yes," identify the party(ies):

5. Is there a cost associated with receiving the data?  Yes  No

If "Yes," how will the costs be covered:

### D. FOR *OUTGOING* DATA ONLY

1. Was the data gathered, or will it be gathered, as part of a sponsored project?  Yes  No

If "Yes," provide the SPO/Project Title:

2. The data will be provided as part of a collaborative research project that will result in a joint publication?  Yes  No

3. Will the requester combine the data with materials from other sources?  Yes  No

If "Yes," explain:

4. Do you require the requester to share its results with you?  Yes  No

5. Please explain any additional restrictions on the use of the data that you would like to request (e.g. specific users only, special security/encryption requirements, limits on what the data can be used for, etc.).

### PI CERTIFICATION

I acknowledge and accept the obligations related to this Data Use Agreement.

\_\_\_\_\_  
Signature of Stanford Principal Investigator

\_\_\_\_\_  
Date