

# Data Use Agreement Request Form

Principal Investigator (PI) and Lab Contact Information				
PI Name			Lab Contact Name (if different)	
PI Phone		PI E-mail		UCSB Department & Mail Code

Outside Organization Information				
Organization Name			Address	
Authorized Official/Contact Name			Phone	E-mail

Details Regarding the Data				
UCSB will be (mark either or both, as applicable)	<input type="checkbox"/> Receiving Data		<input type="checkbox"/> Providing Data	
Description of the Data to transfer/receive (include if involves human subjects, animal subjects, name of any study in which data was obtained, any identifiers within data set, etc.)				
Does the data to be transferred include any of the following? (Check all that apply)	<a href="#">Human Subjects Considerations</a> <input type="checkbox"/> De-identified Data about Human Subjects <input type="checkbox"/> Personally Identifiable Information <input type="checkbox"/> Limited Data Set		<a href="#">Data Security Considerations</a> <input type="checkbox"/> Covered Defense Information (CDI) <input type="checkbox"/> Controlled Unclassified Information (CUI) <input type="checkbox"/> Export-controlled information	
How will the data be transferred/exchanged? (Check all that apply)	<input type="checkbox"/> Electronic Portal (Download or View Only) <input type="checkbox"/> E-mail		<input type="checkbox"/> Thumb Drive/Hard Drive <input type="checkbox"/> Other (please specify):	
Will the data be coming from sources, or sent to entities, outside of the US?	<input type="checkbox"/> Yes (specify country (-ies):		<input type="checkbox"/> No	
Anticipated Time Period Data Will Be Used By UCSB/Outside Organization	Begin Date		End Date	
Are you receiving any funds (contract, grant, or gift) from the Outside Organization?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Questions for Incoming Data	
Intended Use of the Data/Scope of Work for Project using the Data:	
Funding source(s) to be used to support research using the Data:	
Will the use of the Data constitute human subject research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the status of the IRB protocol:	<input type="checkbox"/> IRB protocol has not been submitted yet. <input type="checkbox"/> IRB protocol review is pending. <input type="checkbox"/> Approved IRB protocol number:
Will the data be used in conjunction with any other data received from a 3 <sup>rd</sup> party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide details (provider, data type) for 3 <sup>rd</sup> party data:	
Are you aware of any security and/confidentiality requirements or considerations related to protections and storage of the data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details and description for how data will be stored & protected	

Questions for Outgoing Data	
Do you want to charge a fee for the transfer of the Data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive the Data from others and this is a re-transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any expectations for disposition of the data (e.g. return to UCSB, destroy all copies)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please describe:	
Does the Data relate to any patentable invention disclosed, or about to be disclosed, to the UCSB TIA Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the UC Case Number (if known).	
Was the Data developed with any Sponsored Research Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the Sponsor(s) and award numbers.	

<input type="checkbox"/> I certify that this information I have provided is an accurate reflection of my understanding.	
Principal Investigator	Date