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| **WU Principal Investigator (PI):****WU PI’s e-mail:** | **Name of Other Company/Institution** (*with whom you are sharing/receiving data*):\*If JROC needs to prepare a multi-party agreement, please provide Name, Legal Contact information, and PI name for all parties.  |
| **WU Departmental Administrative Contact:** | **Company/Institution Contact for Contracts/Legal Issues:****Email Address (REQUIRED):**  |
| **Project Title:**  | **Company/Institution PI Name:** |
| **Description of the project/permitted use of data.** This section should provide sufficient information such that each party understands the project that the Recipient will perform using the Data. Content of this section will be very similar to the Statement of Work used in other types of Agreements.  See page 3 for additional instructions: |
| **Describe data being provided or accessed under this Agreement**. See instructions on Page 3. Attach additional pages as necessary): ­­­­­­­­­­­­­­­­ |
| Please identify which, if any, identifiers of an individual, or the individual’s relatives, employers, or household members will be sent or received. Check all that apply:[ ]  Names[ ]  Any geocodes that identify an individual household such as a street address or Post Office 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 |
| Are there any other agreements (ex. funding agreements, MTAs, subawards) related to this exchange of data? To the extent able, please share a copy of said agreements.Describe said agreements:  |
| Are you aware of any other contractual obligations associated with this project that JROC should be aware of?Yes [ ]  No [ ]  : If yes, please describe: |
| Will the data be housed in a registry that makes the data available to third parties for secondary independent research purposes?? Yes [ ]  No [ ] If yes, who is hosting the registry:  |
| What funding source is supporting your efforts on this project, including your cost to collect, share, and analyze the data? [ ]  Department/internal funds[ ]  Third-party funding. If yes, then please describe:  |
| Is either WashU or the Other Party providing funding to the other for work associated with this project? [ ]  No[ ]  Yes and funding is covered in a separate agreement[ ]  Yes and funding should be address in this agreement. If yes, then please provide the budget and payment details, if not already included in a template provided by Other Party, if any.  |

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| **WU Receiving Data** | **WU Providing Data** |
| Is WU receiving data? Yes [ ]  No [ ] If yes, complete this column: | Is WU providing data? Yes [ ]  No [ ] If yes, complete this column: |
| Do you have (or are you seeking) IRB approval associated with WashU's use of the data that you are receiving from the Other Party? [ ]  Yes IRB #: [ ]  No | Do you have any other requirements for the Other Party's use of the data that WashU is sending? For example: security standards, authorship expectations, publication embargo periods, Other Party must acknowledge source of the data in any publications, Other Party must share the results back with you*.* If so, please explain: |
| How long, in years, do you need to retain the data that you have received? (project period + any retention period):  | What is the original source of the data?[ ]  Patient Medical Records (clinical care)[ ]  Research Project (including clinical trials) |
| Will WashU be sharing the data with any other third party entities collaborating on the project? (i.e. anyone who is not a WashU employee). Yes [ ]  No [ ] If yes, please list out who: | Was the data collected or will it be collected under an informed consent or a waiver of consent?☐ IRB waiver of consent☐ Patient was consented☐ None☐ Other. Please Describe: |
| Other than the PI, will any other WashU personnel (employees, students, research assistants, etc.) need to access the data that WashU will receive? Yes [ ]  No [ ]   | Do you have (or are you seeking) IRB approval associated with the collection or sharing of the data with this entity? IRB for Collection of Data: [ ]  Yes. from the WashU IRB. IRB #: [ ]  Yes, from an external IRB[ ]  No.IRB for Disclosure of Data: [ ]  Yes. from the WashU IRB. IRB #: [ ]  Yes, from an external IRB[ ]  No. |
|  | Was any part of the data collected under NIH funding after November 2016 or is there a certificate of confidentiality applicable? Yes [ ]  No [ ]  |
|  | Will the Other Party's use of the data include the training of an algorithm, machine learning or any other AI development? Yes [ ]  No [ ]  If yes:Describe the AI tool and any anticipated end product:Is the AI tool already established or is it currently being developed? Please describe the status of the AI tool: How will WashU's data contribute to the development or validation of the tool, if at all: |
|  | Is the Other Party’s PI, a former WashU employee who has left in the last 2 years? Yes [ ]  No [ ] If yes,* please have the department chair sign off on this form below *or* provide documentation that this transfer has been approved by department leadership (E.g. this could be the PI's departure plan, an email from the former PI's department chair).
* If available, provide the HRPO approval letter related to the transfer.
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| Is there any other information you think would be helpful for us to know: |

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| **Please sign this form by typing your name here.** If you are not the PI, then by typing your name here you certify that the PI has reviewed and approved the contents of this form: |
| Name: | Date: |
| **Department chair signature***\*only required if Recipient PI is former WU employee* |
| Department Chair: | Date: |

***Please note this is an internal submission form to request the processing of a Data Use Agreement****.*

***This is not a Data Use Agreement.***

**Instructions for Completion of Project Description:**

This section should provide sufficient information such that each party understands the project that the Recipient will perform using the Data. Content of this section will be very similar to the Statement of Work used in other types of Agreements. Examples of information that should be provided include:

* Objective or purpose of the Recipient’s work
* A general description of the actions to be performed by the Recipient using the Data and possibly the anticipated results
* Include whether or not the Recipient is permitted to link the Data with other data sets (If yes, be sure to include any special disposition requirements related to the linked data sets).

**Instructions for Completion of Data Description:**

This section should provide sufficient information such that each party understands the information that will be transmitted under this DUA. Examples of information that should be provided include:

* Whether the data is obtained from human subjects and, if so, a description of the population included in the data.
* If the data is from animal subjects, the species of animal the data was obtained using.
* If not from human or animal subjects, a description of the focus of the data.
* The number of subjects and/or experiments included
* Name of the study that the data was obtained under

If there is a particular study that needs to be acknowledged/cited as the source of the data, this information should be included here. Also include here reference to any specific method that will be used to transfer the data to the Recipient.

**Submit the Form to ResearchContracts@email.wustl.edu**