

Confidentiality Disclosure Agreement (CDA)

AGREEMENT UPLOAD & GENERAL INFORMATION

University of Rochester

PI:
 Agreement Creator/Primary Contact:
 Agreement Type (CDA/DUA/MTA/OUA):
 Responsible department/division*:

**This defaults to the PI's primary department can be updated if necessary*

Agreement Collaborators (any UR staff given read/edit permissions):

Contracting Party (External Entity)

Organization/Entity:
 Organization Contact (ORPA Equivalent) Name and email:
 Scientist Name (if relevant):
 Email:

Agreement Draft: First draft to be generated internally?: Yes No *If no, attach agreement draft.

Project/Study Title (ex. PI last name-CDA-contracting party-date OR protocol number):

Are all contracting parties for this agreement based in the United States?

Yes No

*If 'No', enter country or countries (as applicable):

CONFIDENTIAL INFORMATION

Who will be disclosing information?

Contracting Party Institution Both

Provide a brief description of the confidential information to be disclosed (please include specific protocol, drug, device, or project if known):

What is the anticipated Term, or the duration of the project / collaboration / discussion:

Is this Confidentiality Agreement related to an Industry Sponsored Clinical Trial:

Yes No

Describe the purpose of the exchange:

Will you be sharing any Confidential Information with non-employees, including students?

Yes No

ADDITIONAL INFORMATION

Add any comments that will be helpful to the ORPA staff: