UNIVERSITY of ROCHESTER

IORA Job Aide to enter a

Data Use Agreement (DUA)

AGREEMENT UPLOAD & GENERAL INFORMATION

University of Rochester	Contracting Party (External Entity)
PI:	**Organization/Entity:**
Agreement Creator/Primary Contact:	**Organization Contact (ORPA Equivalent) Name and Email:**
Agreement Type (CDA/DUA/MTA/OUA):	**Scientist Name:**
Responsible department/division*:	**Email:**
**This defaults to the PI's primary department can be updated if necessary*	
Agreement Collaborators (any UR staff given read/edit permissions**):**	

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

Project/Study Title (ex. PI last name-DUA-contracting party-date OR project indicator**):**

Are all contracting parties for this agreement based in the United States?: Yes ◯ No ◯

→ If no, list countries:

DIRECTION OF TRANSFER: Incoming ◯ Outgoing ◯ Both ◯

DATA INFORMATION

Additional contracting parties (only as applicable)**:**

Are you exporting Data outside the United States?: Yes ◯ No ◯

Conflict of Interest: Do you have a financial relationship with the Data Recipient (for example, consulting income or stock) and/or have you received, or will you receive, a financial gift from the Data Recipient?: Yes ◯ No ◯

→ If yes, please provide details:

DATA DESCRIPTION

Data Description: [Provide exactly how the Data should be specified in the DUA]:

What is the origin of the data? Human ◯ Plasmid ◯ Animal ◯ Plant ◯ Other:

HUMAN DATA DESCRIPTION (REQUIRED ONLY FOR HUMAN SUBJECT MATERIALS)

IRB protocol number (or exemption number):

Does Data contain personally identifiable information or coded data from or about persons physically located in the European Economic Area (EEA)? Yes ◯ No ◯

If originating from human subjects, the Data is: De-Identified ◯ Limited Data Set (LDS) ◯ Personally Identifiable Information ◯ Identifiable Data (PHI) ◯ Other ◯

→ If the Data is identifiable, will the Data be de-identified by the Data Recipient after it is received?: Yes ◯ No ◯

→ If the Data is Identifiable, has a specific consent/authorization or RSRB waiver been received?: Yes ◯ No ◯

- If yes, please provide copy of the patient consent/authorization or RSRB waiver; if no then contact RSRB

****If sending de-identified Data, please fill out and submit HIPAA Form 25.5.1. If sending a limited data set (LDS), please fill out and submit HIPAA Form 25.6.1.****

Does the Data include human genomic sequencing data?: Yes ◯ No ◯

DATA SOURCE AND DEVELOPMENT

Was the Data to be shared collected/developed at the U of R?: Yes ◯ No ◯

→ If no, where did the Data originate from?:

→ If no, was there a previous DUA to cover the transfer of Data to the U of R?: Yes ◯ No ◯

Was development of this Data funded by a sponsored research agreement?: Yes ◯ No ◯

→ If yes, what was the funding source?:

→ Award number:

DATA USE

Provide a concise scientific description of the Data Recipient's user of this Data:

Will there be any fees associated with the transfer of the Data?: Yes ◯ No ◯

→ If yes, please specify exact $ amount: