



**BROWN**  
 Research Agreements and Contracting

**DATA USE AGREEMENT REQUEST FORM**

For all Data Use Agreements (DUAs), please send this completed form, along with any supplementing documents, to [ResearchContracts@brown.edu](mailto:ResearchContracts@brown.edu). All DUAs require review and approval by the Office of the Vice President of Research. General Counsel and Computing and Information Services may be consulted to review the negotiation of applicable terms or any data security management plans. Please allow additional time for review and negotiation. To expedite the process, please provide all requested information and direct any questions to [ResearchContracts@brown.edu](mailto:ResearchContracts@brown.edu) for assistance. *Please allow at least 5 business days for review.*

<b>Brown Principal Investigator</b>	
Name	
E-mail	
<b>External Party</b>	
Name	
Type	<div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>industry/company</span> <span>academic/research institution</span> <span>government agency</span> </div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>other</span> <span><u>Check here if external party is a foreign entity</u></span> </div>
<b>Contact Information</b>	
Name:	
E-mail:	
Phone:	

1. Is the data incoming, outgoing, or will it be shared both ways?

Incoming\* (an external party will be sharing the data with Brown)

Outgoing (Brown will share data with an external party)

Both

\*Please include the draft Data Use Agreement, if available

2. Provide the project title and brief description of the data.

3. How will the data be used?

4. How will the data be transmitted? Where will the data be stored?

5. Is this human subjects research data? If yes, please provide the IRB protocol number if one exists.

Yes – IRB #

No

6. Select which of the following best describes the type of data.

de-identified human subjects data

limited data set

personally identifiable information – common rule

only personally identifiable information – HIPAA

personally identifiable information – FERPA

other

7. Will the data include any of the following identifiers? (check all that apply; continue on the next page)

Names

Any geocodes that identify an individual household such as a street address or Post Office Box Number

Telephone number

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 the researcher could use to identify the individual

8. Do you have any existing patents or patents pending related to the subject matter of the data or the work to be performed under the proposed DUA?

Yes

No

9. Is there a reasonable possibility of commercial utility or an invention from using the data?

Yes

No

10. For **incoming** data, please answer the following:

- a. Where will the data be stored? Please briefly describe the physical security standards in place.

- b. What is the source of the funds you are using to conduct research with this data?

c. Who will be working with this data (i.e., just the PI, graduate students, research assistants, etc)?

d. Do you intend to share the data with any outside (non-Brown) parties?

Yes

No

11. For **outgoing** data, please answer the following:

a. Was the data gathered (or will it be) as part of a sponsored project?

Yes

No

b. Was the data collected using NIH funding?

Yes

No

c. Will the data be provided as part of a collaborative research project and result in a joint publication?

Yes

No

d. Are you aware of any restrictions or confidentiality obligations that would impact this data sharing? (i.e., is the data subject to any non-disclosure agreement (NDA), also known as a confidentiality agreement (CA) or confidential disclosure agreement (CDA)?)

Yes

No

e. Do you have any other requirements for the exchange of this data?

Yes

No

f. Do you require the recipient PI to share any results back with you?

Yes

No

g. Are these data approved as part of an IRB protocol, and does the consent allow for sharing these data?

Yes

No