Data Transfer/Use Agreement Request

Collaborator	Purdue
Institution name:	Primary Contact for data request:
Address:	Address:
Contact Name:	PI:
Phone:	PI Phone:
Email:	PI Email:
PI:	Primary Contact Email:
PI Phone:	Primary Contact Phone:
PI Email:	

What are the dates and timeline for sharing the data? _____

Did you receive a draft Agreement from the Collaborator?
☐ Yes (If yes, please attach) ☐ No

Is the Collaborator a foreign entity?
☐ Yes ☐ No

Did the requested data originate from a European Union resident? ☐ Yes ☐ No

Was the requested data collected in the European Union?
☐ Yes (Data is subject to General Data Protection Regulation) ☐ No

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Required Project Information:

Will Purdue provide or receive data? ☐ Provide ☐ Receive ☐ Both

Please describe the purpose of the data transfer or intended use of data to be shared (e.g. research, business operations)

_____

_____

_____

Data contains (check all that apply): *see attached tool for classifying data*
☐ Personally Identifiable Information (PII) ☐ De-Identified ☐ Genomic data
☐ Personal Health Information (PHI) ☐ Proprietary Information ☐ Bio-specimens
☐ Limited Data Set as defined in 45 CFR 164.514(e)

If PII, PHI or LDS, has the IRB reviewed and approved the **transfer of this data for this purpose**?
☐ Yes (IRB protocol # _____) ☐ No (Please apply to the IRB)

Please check all HIPAA identifiers listed below that will be received or disclosed:

☐Names   ☐Address

All elements of dates (except year alone) directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older

☐Telephone number   ☐Facsimile numbers

☐Electronic mail addresses   ☐Social security numbers

☐Medical record numbers   ☐Health plan beneficiary numbers

☐Account numbers   ☐Certificate/license numbers

☐Vehicle identifiers and serial numbers, including license plates, Device identifiers and serial numbers

☐Web universal resource locators (URLs)   ☐Internet protocol (IP) address numbers

☐Biometric identifiers, including fingerprints and voiceprints

☐Full-face photographic images and any comparable images

☐Any other characteristics that could uniquely identify the individual

Please provide any details that would help us understand what the data consists of:

_____
_____
_____

Purdue as Provider (Complete only if Purdue is Providing data)

1. Is the data from human subjects research?   ☐ Yes   ☐ No
   a. If Yes, does the informed consent permit disclosure for this purpose, OR has the IRB issued a waiver?
                                                                                            ☐ Yes   ☐ No
2. Did you generate / collect this data?   ☐ Yes   ☐ No
   a. If Yes, was the data generated/collected pursuant to a sponsored project or other external collaboration?
      ☐ Yes (sponsor / collaborator: _____)   ☐ No

   b. If No, was the data generated by another Purdue employee or received under contract from a third party?
      ☐Yes   ☐No
   Please provide additional details as necessary and attach any documentation allowing you to share the data with Data Recipient.

      _____
      _____
      _____

3. Do you require the recipient PI to share research results back with you?   ☐Yes   ☐ No

4. At the end of the project, do you require the recipient PI to return or destroy the data? ☐Yes   ☐ No

Purdue as Recipient (Complete only if Purdue will receive data)

1. Will the data be used in a sponsored project or other collaboration with a 3rd party? If yes, please identify the sponsor and/or collaborators of the project. ☐Yes ☐No

_____

_____

_____

2. Do you intend to publish the results of the research conducted with the data? ☐Yes ☐ No

3. Are you able to return the data at the end of the project? ☐Yes ☐No

4. Will students have access to the data? ☐Yes ☐No

Please provide name(s) and level (Undergraduate/Graduate) who will have access to the data

_____

_____

_____

5. Will you receive samples with the data? ☐Yes ☐No
   If yes, are the samples de-identified? ☐Yes ☐No

I certify that the above information is true and accurate. The submission of this form verifies appropriate authorization to initiate the requested action stated above.

Requestor Name: _____ Date: _____

DIRECTIONS:

1. A separate form is required for each DUA requested, however multiple requests may be included in one email.
2. Please return this form to : spscontr@purdue.edu.

Please note that requests submitted with incomplete forms or without all required information will delay processing of Agreement.

Last Update: 09/2020

FDP Tool for Classifying Human Subjects Data

This chart is designed to streamline review of the type of human subject data for the purpose of classification for a DTUA.

Remember to also check your institutional policies and procedures for further guidance.

18 HIPAA Identifiers that comprise Personally Identifiable Information (PII)

PII may be used alone or with other sources to identify an individual. PII in conjunction with medical records (including payments for medical care) becomes Protected Health Information (PHI).

1. Name (including initials)
2. Address (all geographic subdivisions smaller than state: street address, city, county, zip code)
3. All elements (except years) of dates related to an individual (including birthdate, admission date, discharge date, date of death, and exact age if over 89)
4. Telephone numbers
5. Fax number
6. Email address
7. Social Security Number
8. Medical record number
9. Health plan beneficiary number
10. Account number
11. Certificate or license number
12. Any vehicle identifiers, including license plate
13. Device identifiers and serial numbers
14. Web URL
15. Internet Protocol (IP) Address
16. Finger or voice print
17. Photographic image - Photographic images are not limited to images of the face
18. Any other characteristic that could uniquely identify the individual

A data set containing any of these identifiers, or parts of the identifier, is considered "identified"

HIPAA   Limited Data Set

A Limited Data Set must omit all of the HIPAA Identifiers in the left-hand column except for the following:
1. City, state, zip code
2. Dates of admission, discharge, service, date of birth, date of death
3. Ages in years, months or days or hours

To re-iterate: initials are always considered PHI/PII

HIPAA   De identified Data

All of the 18 HIPAA Identifiers in the left-hand column must be removed in order for a data set to be considered de-identified with caveats for the following:

1. All geographic subdivisions smaller than a state, except for the initial three digits of the ZIP code: (1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000;
2. Ages in years and for those older than 89, all ages must be aggregated into a single category of 90 or older

FERPA   Personally Identifiable Information

In the context of FERPA, PII includes, but is not limited to:

1. Student's name
2. The name of the student's parent(s) or other family members
3. Address of the student or student's family
4. Student's personal identifiers, such as:
    a. Social Security Number;
    b. Student number; or
    c. Biometric record (i.e. Finger or voice print)
5. Student's other indirect identifiers, such as:
    a. Birthdate;
    b. Place of birth; or
    c. Mother's maiden name
6. Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty
7. Information requested by a person who the educational agency or institution reasonably believes knows the identity of the student to whom the education record relates