

## 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

### **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)

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Data contains (check all that apply): *see attached tool for classifying data*

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|---|--|--|
| <input type="checkbox"/> Personally Identifiable Information (PII)                        | <input type="checkbox"/> De-Identified           | <input type="checkbox"/> Genomic data  |
| <input type="checkbox"/> Personal Health Information (PHI)                                | <input type="checkbox"/> Proprietary Information | <input type="checkbox"/> Bio-specimens |
| <input type="checkbox"/> Limited Data Set as defined in <a href="#">45 CFR 164.514(e)</a> |  |  |

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:

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**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.

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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 3<sup>rd</sup> party? If yes, please identify the sponsor and/or collaborators of the project. ☐ Yes ☐ No

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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

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

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*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 and PERA record is required for each DTUA requested.
2. Please return to the PERA DTUA instruction page [here](#) to complete your DTUA request in PERA.
3. This form should be added to #7 Supporting Documents section of the 'Agreement Upload page'

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

## 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)	HIPAA Limited Data Set	FERPA Personally Identifiable Information
<p>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).</p> <ol style="list-style-type: none"> <li>1. Name (including initials)</li> <li>2. Address (all geographic subdivisions smaller than state: street address, city, county, zip code)</li> <li>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)</li> <li>4. Telephone numbers</li> <li>5. Fax number</li> <li>6. Email address</li> <li>7. Social Security Number</li> <li>8. Medical record number</li> <li>9. Health plan beneficiary number</li> <li>10. Account number</li> <li>11. Certificate or license number</li> <li>12. Any vehicle identifiers, including license plate</li> <li>13. Device identifiers and serial numbers</li> <li>14. Web URL</li> <li>15. Internet Protocol (IP) Address</li> <li>16. Finger or voice print</li> <li>17. Photographic image - Photographic images are not limited to images of the face</li> <li>18. Any other characteristic that could uniquely identify the individual</li> </ol> <p>A data set containing any of these identifiers, or parts of the identifier, is considered "identified"</p>	<p>A Limited Data Set must omit all of the HIPAA Identifiers in the left-hand column except for the following:</p> <ol style="list-style-type: none"> <li>1. City, state, zip code</li> <li>2. Dates of admission, discharge, service, date of birth, date of death</li> <li>3. Ages in years, months or days or hours</li> </ol> <p>To re-iterate: initials are always considered PHI/PII</p>	<p>In the context of FERPA, PII includes, but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Student's name</li> <li>2. The name of the student's parent(s) or other family members</li> <li>3. Address of the student or student's family</li> <li>4. Student's personal identifiers, such as:               <ol style="list-style-type: none"> <li>a. Social Security Number;</li> <li>b. Student number; or</li> <li>c. Biometric record (i.e. Finger or voice print)</li> </ol> </li> <li>5. Student's other indirect identifiers, such as:               <ol style="list-style-type: none"> <li>a. Birthdate;</li> <li>b. Place of birth; or</li> <li>c. Mother's maiden name</li> </ol> </li> <li>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</li> <li>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</li> </ol>
	HIPAA De identified Data	
	<p>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:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2. Ages in years and for those older than 89, all ages must be aggregated into a single category of 90 or older</li> </ol>	