Oklahoma State University

Data Transfer, Use, Access Request

**Directions:**

1. This is intended as an internal document to request the processing of a data use agreement. This is not a data use agreement. Do not send to outside agencies for completion.
2. A separate form is required for each Data Transfer, Use, Access agreement requested.
3. Incomplete requests without all required information will delay processing.
4. Return the completed form to otc@okstate.edu or 1201 S. Innovation Way Dr., Stillwater, OK, 74074, Attn: Office of Technology Commercialization

**Oklahoma State University**

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| --- | --- |
| Department: |  |
| Name (Principal Investigator): |  |
| Title: |  |
| Campus Address: |  |
| E-mail |  |
| Phone: |  |

**Other Company/Institution**

|  |  |
| --- | --- |
| Company/Institution Name: |  |
| Recipient Scientist Name: |  |
| Title: |  |
| E-mail: |  |
| Phone: |  |
| Name of Authorized Official: |  |
| Title of Authorized Official: |  |
| E-mail of Authorized Official: |  |

1. Please describe the purpose of the data transfer/ intended use of data to be shared. (Attach additional pages if necessary.)

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1. Please provide any details that would help us understand what the data consists of (e.g., format of data, description of how data was collected, subject(s) of data, publication status, etc).

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1. Will Oklahoma State University provide or receive data?

[ ]  Provide [ ]  Receive [ ]  Both

1. If OSU is the data provider, will you require the recipient PI to share the results back with you?

[ ]  Yes [ ]  No

1. If OSU is the data recipient, do you intend to share the results back with the provider?

[ ]  Yes [ ]  No

1. What is the expected timeline for providing/receiving the data? Any hard deadlines?
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did you receive a draft Data Use Agreement or other data-related agreement from the company/institution? Please attach the draft agreement to this questionnaire, if applicable.

[ ]  Yes [ ]  No

1. Are there any related agreements for this data If applicable, list a brief description of any other agreement(s) related to this exchange of data (e.g. funding agreements, MTA, NDA.)
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Will the Recipient’s use of the data include the training of an algorithm, machine learning, or any other AI?

[ ]  Yes [ ]  No

If Yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the requested data collected in the European Union?

[ ]  Yes (Data may be subject to General Data Protection Regulation)

[ ]  No

1. Did the requested data originate from a European Union resident?

[ ]  Yes [ ]  No

1. Does the requested data include personal information of a Chinese resident?

[ ]  Yes (Data may be subject to the Personal Information Protection Law)

[ ]  No

1. Is the company/institution a foreign entity?

[ ]  Yes [ ]  No

1. Are there physical storage requirements associated with this data? (e.g. office security measures, locking procedure, etc.)
2. Data contains (check all that apply):

[ ]  Personally Identifiable Information (PII)

[ ]  Protected Health Information (PHI) under HIPAA (see question 16 below)

[ ]  Genomic Data

[ ]  Limited Data Set (LDS) as defined in [45 CFR 164.514(e)](https://www.ecfr.gov/)

[ ]  Proprietary Information

[ ]  Bio-specimens

[ ]  Education records or other FERPA protected information (https://registrar.okstate.edu/ferpa/ )

[ ]  Other

1. Please check any HIPAA protected information listed below that will be disclosed in the data.

[ ]  Names (including initials)

[ ]  Address (all geographic subdivisions smaller than state: street address, city, county, zip-code)

[ ]  Telephone Number

[ ]  Fax Number

[ ]  Facsimile numbers

[ ]  E-mail address

[ ]  Social security numbers

[ ]  Medical record numbers

[ ]  Health plan beneficiary numbers

[ ]  Account numbers

[ ]  Certificate/license numbers

[ ]  Vehicle identifiers, including license plates

[ ]  Device identifiers and serial numbers

[ ]  Web universal resource locators (URLs)

[ ]  Internet protocol (IP) address numbers

[ ]  Biometric identifiers, including fingerprints and voiceprints

[ ]  Photographic images (not limited to images of the face)

[ ]  Any other characteristics that could uniquely identify the individual

[ ]  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.

1. Is the data de-identified? If yes, please describe de-identification methods in the box below.

[ ]  Yes [ ]  No

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1. Does the data contain any export-controlled information, such as EAR or ITAR regulated information? <https://research.okstate.edu/faculty-resources/export-control.html>

[ ]  Yes (Violations of the regulations can result in civil and criminal penalties for the investigator and the institution.)

[ ]  No

1. If applicable, list any IRB# associated with the use of the data:

IRB#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I certify that the above information is true and accurate, and the transfer of data is consistent with any applicable Informed Consent, Authorization, IRB approval, & Export Control.

|  |  |  |
| --- | --- | --- |
| Principal Investigator, [INSERT NAME] |  | Date |
|  |  |  |
| Department Head, [INSERT NAME] |  | Date |
|  |  |  |
| Dean/Research Director, [INSERT NAME] |  | Date |
|  |  |  |

**FOR OTC USE ONLY**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Vice President for Research, Kenneth Sewell |  | Date |
|  |  |  |

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