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](mailto: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.

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

**FOR OTC USE ONLY**

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

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