

## Data Use Agreement (“DUA”) Request Form

Purpose statement: use this form when requesting a DUA. University Faculty or Personnel *may need* a DUA to exchange confidential, proprietary or otherwise sensitive data with an outside party. A DUA is *required* under the [HIPAA Privacy Rule](#) before use or disclosure of a [Limited Data Set](#). A DUA is *required* before use or disclosure of [Personally Identifiable Information](#) under [FERPA](#). The information you provide below will help the [Contract Negotiations office](#) review and negotiate the DUA. Required fields are outlined in **red**.

### SECTION I: KU DUA CONTACT

Last Name	First Name
Title	Department Name
Phone Number	Email Address

**I am requesting a DUA to:**

Receive Data	Send Data	Send <i>and</i> Receive Data
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### SECTION II: OTHER PARTY’S INFORMATION

Last Name	First Name
Title	Organization Name
Phone Number	Email Address
Organization Address – Street/PO Box	Address - City
Address – State	Address – Zip Code

**SECTION III: INFORMATION REGARDING THE TYPE OF DATA**

**Is the data...**

	YES	NO	UNKNOWN
A. <a href="#">Individually identifiable protected health information as defined under HIPAA at 45 CFR § 160.103?</a>			
B. De-identified Protected Health Information under HIPAA that qualifies as a <a href="#">Limited Data Set as defined at 45 CFR § 164.514(e)(1-2)?</a>			
C. Educational records that contain <a href="#">Personally Identifiable Information as defined under FERPA at 34 CFR § 99.3?</a>			
D. <a href="#">De-Identified Records and Information as defined under FERPA at 34 CFR § 99.31(b)(1)?</a>			
E. <a href="#">Software source code?</a>			
F. <a href="#">Compiled or binary machine-readable code?</a>			
G. Information derived from databases, spreadsheets or text file(s)?			
H. Video file(s)?			
I. Audio file(s)?			
J. Other (please describe):			
K. Please provide any additional information about the Data you feel is important:			

**SECTION IV: TIMELINE FOR THE TRANSFER OF THE DATA**

	YES	NO
L. Has any Data already been transferred?		
M. If Yes to L., above, please indicate the date the transfer occurred:		
N. Will any Data transfer occur in the future?		
O. If Yes to N., above, indicate the approximate date the transfer will occur:		

**SECTION V: THE MEANS OF THE DATA TRANSFER**

**Will the transfer of data occur using...**

	YES	NO	UNKNOWN
A. Physical media (e.g. CD, DVD, flash drive, external hard drive, etc.)?			
B. Secure/encrypted email?			
C. SFTP (Secure File Transfer Protocol)?			
D. Secure file share (e.g. password protected Google Drive, SharePoint, Dropbox, etc.)?			
E. Other means?			
F. If Yes to E., above, please describe in brief how the Data is to be transferred:			

**SECTION VI: RELATION OF THE DATA TO KU RESEARCH**

**Is the data transfer and use...**

	YES	NO	UNKNOWN
G. Related to a pending KU research project proposed to a potential sponsor through the KU Office of Research?			
H. Related to an existing and ongoing KU research project currently administered through the KU Office of Research?			
I. Related to a KU research project that <i>not</i> currently administered by the KU Office of Research?			
J. Please identify the KU research project using name/title of the project or study, a brief description of same, name of the funding source (if applicable), and any identifying numbers associated with the project (grant award number, sponsor ID number, Streamlyne IP number, KU Office of Research project account number, etc.):			

**SECTION VII: DATA USE TERM**

**Indicate how long the data will need to be used/retained:**

Less than 1 year	
1 to 3 years	
3 to 5 years	
5 or more years	
Unknown	

**SECTION VIII: USERS OF THE DATA**

**Please identify any groups that will require access/use of the data:**

Faculty/investigators	
Research staff	
GRAs	
Other employees	
Students	
Unknown	

**SECTION IX: ADDITIONAL COMMENTS/QUESTIONS/CONCERNS**

Please provide any additional comments, questions or concerns you may have:

## **SECTION X: SUBMIT FORM**

By pressing the “Submit Form” button, below, I represent and warrant that all information provided in this Request Form is accurate to the best of my knowledge after reasonable inquiry.

Note: if you have issues/problems with the “Submit Form” button, please save the form and email a copy to the [KU Research Contracts](#) departmental account.

Thank you for your cooperation!

KU Office of Research  
Contract Negotiations  
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Lawrence, KS 66045  
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