

# DATA USE AGREEMENT QUESTIONNAIRE

In order to expedite and facilitate reaching an agreement, and at the same time to act in your best interest, in conjunction with the university, it is necessary to receive the following information. Please complete as fully as possible.

**COM RO Use Only**  
Huron ID: \_\_\_\_\_

**ORGANIZATION INFORMATION AND DISCLOSURES.** Please complete the below questions as it pertains to the information being exchanged.

**Organization Name:** \_\_\_\_\_

**Organization Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**DATA TO BE USED.** Please complete the below questions as they relate to the data to be used.

1. Are you receiving or sending data? Check all that apply.  
 Receiving                       Sending                       Both

2. Describe the data to be exchanged.  
 \_\_\_\_\_

3. What is the origin of the data?  
 \_\_\_\_\_

4. Describe the need for the data being requested.  
 \_\_\_\_\_

**ADDITIONAL DETAILS.** Please answer the below as it pertains to the data.

	Yes	No
5. Will the data be combined with data from any other sources?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you anticipate new intellectual property (patents/copyrights) will be developed using the data?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the data be used in publications?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the data we are sending include or derive from PHI, PII, or other sensitive data that may be regulated by law?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the data need to be kept confidential?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the above questions, please provide a detailed explanation:  
 \_\_\_\_\_

10. If UCF is providing the data, under UCF Policy [4-008](#), what would the data be classified as?

**ADDITIONAL COMMENTS.** Please provide any additional comments that may be helpful in the review of this DUA.  
 \_\_\_\_\_

**PRINCIPAL INVESTIGATOR CERTIFICATION**

By signing this form, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with current university policies and federal regulations.

<b>PI Name (Typed):</b>		<b>PI Signature:</b>	
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