

LLeRA#	
Date:	

## Confidentiality Disclosure Agreement Form

*If you determine that a confidentiality disclosure agreement (CDA) is the appropriate instrument to secure services, then this form must be completed with the appropriate signatures and forwarded to the address or e-mail above.*

### LLU INSTITUTION INFORMATION

Principal Investigator/Project Director	School/Entity	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Department	Mailing address	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

### OUTSIDE INSTITUTION INFORMATION

Principal Investigator/Project Director	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative/Legal Contact	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution/Company	Department	
<input type="text"/>	<input type="text"/>	
Mailing Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Zip
		<input type="text"/>

**Please provide a brief description of the subject to be discussed:**

**Ownership of the information to be shared:**

Only LLU information will be shared   
  Only outside institution information will be shared   
  Both will be shared

**Yes No**

Will another LLU Principal Investigator be involved in the discussions? If yes, please provide his/her contact information:

Name	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are the discussions related to a licensed patent? If yes, please provide the patent #:

Is the primary purpose of the discussion to form a collaboration? (i.e. establish a research contract)

Does the activity involve human subjects? Please provide IRB# if known:

Does the activity involve animals? Please provide IACUC# if known:

### APPROVALS

**The PI's signature below certifies that:** He/she approves this activity and acknowledges his/her responsibility for implementing University policies and guidelines which apply to requested data transfer agreement referenced above. Furthermore, the Principal Investigator acknowledges: (1) the information submitted with this request are true, complete and accurate to the best of his/her knowledge; should information be incomplete or missing required documents, this may cause a delay in processing of the agreement request; (2) he/she is a Loma Linda University faculty member authorized to participate in the activity named above, and (4) any false, fictitious, or fraudulent statements or claims may subject him/her to criminal, civil or administrative penalties.

PI SIGNATURE	DATE