

LLeRA#	<input type="text"/>
Date:	<input type="text"/>

Data Transfer Agreement Form

If you determine a data transfer agreement (DTA) 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.

Please note: The DTA should NOT be used if a funding agreement (i.e. subcontract) is in place between LLU and the other entity for the same project. The funding agreement should address data-sharing. Please consult with the Contract Analyst to ensure the appropriate language has been included in the applicable funding agreement.

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"/>	
Project Title			
<input type="text"/>			
Project Term:	From	Through	
	<input type="text"/>	<input type="text"/>	

OUTSIDE ENTITY 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"/>	
Recipient Institution/Company	Recipient Department		
<input type="text"/>	<input type="text"/>		
Mailing Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If LLU is transferring data, complete section (A) only, if LLU is receiving data complete section (B) only.

A. Complete if LLU is transferring data to another institution/company

Description of data provided under this DTA:

Description of the purpose of this exchange (how will it be used?):

- Yes No Choose those statements which apply to your project**
- Is this human data?
 - Is the data de-identified?
 - Is the data confidential under HIPAA?
 - Is it a limited data set? If yes, please state date range of data: From: To:
 - Do you require the recipient PI to share results with you?
 - Is this a collaboration with the recipient?
 - Was data collected with use of federal funds? If yes, provide the LLeRA, banner and project number:

LLeRA: Banner Number: Project Number:

Yes No Choose those statements which apply to your project

- Do you have any other requirements for the exchange? If yes, please specify:
- Are you aware of any restriction or confidentiality obligation that would impact sharing data? If yes, please specify:
- Is there a cost for you to provide data? Cost charged must total exact costs spent to provide data. If yes, please explain:

B: Complete if LLU is receiving data from another institution/company

Description of data provided under this DTA:

Description of the purpose of this exchange (how will it be used?):

Yes No Choose those statements which apply to your project

- Is this human data? If yes, provide IRB approval. If no, provide exemption letter or no human involvement determination.
- Is the data confidential under HIPAA?
- Is it a limited data set? If yes, please state date range of data: From: To:
- Will a derivative or modification be made of the data set?
- Do you intend to share the results of your research/project with the provider?
- Is this a collaboration with the provider?
- Is data for a proposal under development or consideration for funding? If yes, provide funding agency and LLeRA Number:

Funding Agency: LLeRA:

If there are physical storage requirements, please provide details of locking procedure, workstation to be used, or office security measures:

If there are electronic security standards, please identify your Department IT Representative:

Department IT Representative:	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

What source of funds will be used for this research? Please provide the LLeRA, banner and project number

LLeRA: Banner Number: Project Number:

List all other agreements related to this DTA, i.e. Research Agreement, Grant, CDA, License, MTA, other Agreement and provide LLeRA number, project number, and specific details for each:

COMMENTS

APPROVALS

Each signer 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 agrees to provide the data as outlined in the DTA, adhering to University policies and procedures; (3) he/she is a Loma Linda University faculty member authorized to oversee the transfer of the data named above (4) any false, fictitious, or fraudulent statements or claims may subject him/her to criminal, civil or administrative penalties, and (5) he/she agrees to accept responsibility for the scientific conduct of the project and to provide the required reports, if applicable.

PI SIGNATURE	DATE	CHAIR SIGNATURE	DATE