

**INTAKE FORM
DATA TRANSFER AND USE AGREEMENT (Non-funded)
THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY**

THIS IS NOT A DATA TRANSFER AND USE AGREEMENT (DTUA)

Information provided on this form will help the Office of Research Contract & Industry Agreements (CIA)
develop an agreement. Please complete and return to CIA at rcia@utrgv.edu.

UTRGV INFORMATION

UTRGV Investigator (PI): _____

Department: _____ Building & Room: _____

Email: _____ Phone: _____

Administrative Contact (if different from PI): _____

Title: _____ Email: _____

For this agreement, I am (please check one):

_____ Providing Data

_____ Receiving Data

_____ Both Receiving and Providing Data

OTHER PARTY INFORMATION

Firm or Institution: _____

Address: _____

Primary Contact Name: _____ Title: _____

Email: _____ Phone: _____

Additional Contact (if different from Primary Contact): _____

Title: _____ Email: _____

Additional Contact: _____

Title: _____ Email: _____

PROJECT INFORMATION

1. PROJECT/STUDY TITLE: _____

2. TYPE OF PROJECT/STUDY (Check all that apply):

- _____ De-identified Data about Human Subjects
- _____ Limited Data Set
- _____ Personally Identifiable Information - Common Rule Only
- _____ Personally Identifiable Information - HIPAA
- _____ Personally Identifiable Information - FERPA

3. DESCRIPTION OF THE PROJECT (Include the following details):

- (a) Purpose of project
- (b) Subject population
- (c) Method(s) used to gather data
- (d) Method(s) used to store data

*Provide sufficient information such that each party understands the project and what the Recipient will perform using Data. Include whether the Recipient is permitted to link the Data with other data sets.
If applicable, include any special disposition requirements related to the linked data sets.*

4. DESCRIPTION OF DATA TO BE EXCHANGED (Include the following details):

- (a) Type of data collection
- (b) Data collection methods
- (c) Data analysis plan
- (d) Method on how data will be transferred
- (e) Method of disposition or archiving of data after completion of the project

*Provide sufficient information such that each party understands the information that will be transmitted under this Agreement. **Please attach a copy of the protocol.***

5. DOES THE PROJECT INVOLVE THE USE OF DATA ABOUT A HUMAN SUBJECT? _____ YES _____ NO

5a. If YES, does the research meet the definition of human subjects research?

_____ NO. PI and/or IRB determined that project is not human subjects research.

_____ YES. (Indicate status of IRB protocol below):

_____ IRB protocol has not been submitted yet

_____ IRB protocol review is Pending

_____ Approved IRB Protocol number: _____

Please attach an IRB approval letter with all other documents attached with application.

5b. If NO, why do you believe an agreement is required?

_____ Other party requires agreement

_____ Data is proprietary

_____ Data is export controlled

_____ Other (please explain further): _____

6. DATA DELIVERY METHOD.

_____ Electronically

_____ By Mail

_____ Other, please describe: _____

7. WILL DATA TRANSFER BE CONDUCTED THROUGH AN OUTSIDE ENTITY'S SOFTWARE? _____ YES _____ NO

7a. If YES, sign-off is required from Information Security department. Check the status below:

_____ Not required

_____ Not yet submitted

_____ Review and sign-off pending

_____ Sign-off received

Please attach relevant documentation received from Information Security.

8. WILL ANYONE OUTSIDE OF YOUR RESEARCH GROUP OR UTRGV REQUIRE ACCESS TO DATA?

_____ NO

_____ YES, please describe: _____

9. ARE THERE ANY FUNDING SOURCES FOR THIS PROJECT?

_____ NO

_____ YES, please list: _____

10. ARE THERE ANY OTHER AGREEMENTS THAT ARE RELATED TO THIS PROJECT?

_____ NO

_____ YES, please describe: _____

11. IS THERE ANY DATA COMING FROM SOURCES OUTSIDE OF THE US?

_____ NO

_____ YES, please list country(ies) of origin: _____

12. ADD OTHER INFORMATION YOU MAY NEED THE REVIEWER TO KNOW (Such as project deadlines):

To the best of my knowledge, the above information is true and correct.

Signature: _____ Date: _____
UTRGV Investigator

Acknowledged without objection.

Signature: _____ Date: _____
Department Chair (initials)

Signature: _____ Date: _____
Associate Dean for Research (initials)

If there are any questions regarding agreement, please email rcia@utrgv.edu.