



Hackensack Meridian Health Data Use Intake Form

DATA USE AGREEMENT REQUEST

ADMINISTRATIVE INFORMATION			
Principal Investigator		HMH Study Team Contact	
Last	First	Last	First
Email	Phone Number	Email	Phone Number
Department	Data is		
	Incoming (Sections A, B, C)	Outgoing (Sections A, B, D)	Both (All Sections)

A. INFORMATION ABOUT THE DATA

1. Brief Description of the Data:

Sending to:
Receiving from:

2. Is the data related to human subjects? Yes No

- a. If "Yes," please respond to the following:
 - i. Please review the definitions of [Protected Health Information](#), [Limited Data Set](#), and de-identified data (if you have any questions about the classification of the data, contact the [Contract Office](#)). This data is:
 - ii. Provide one of the following:
 - Protocol number for use of the data
 - Attach IRB letter, exemption letter or determination letter

3. Is the data considered sensitive or confidential (e.g. under a non-disclosure agreement)? Yes No

If "Yes," describe:

4. Is the data considered [export controlled information](#)? Yes No

B. USE, TRANSFER AND STORAGE OF THE DATA

1. Brief description of how the data will be used:

2. Will the data be used for:

If "Sponsored research," please select one:
SPO/Project Title
Proposal in progress

3. Will the data be combined with data from other sources? Yes No

If "Yes," provide the source:

4. Will the scope of work involve any existing HMH intellectual property? Yes No

5. Do you anticipate intellectual property evolving from the use of the data? Yes No

6. How will the data be accessed, received, or provided? (Check all that apply)

- Paper
- Thumb-drive/hard drive
- Electronic portal
 - Download
 - View-only
- Electronic transfer:
- HMH server access Other:

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C. FOR INCOMING DATA ONLY

1. **How/where will the data be stored?** N/A; data will not be stored at HMH or is available for view-only access

 a. Specify the physical security standards in place:
 b. Provide the contact information for your department IT person:

2. **Will the *results* of your activity be shared with any outside (non-HMH) parties?** Yes No Clear
 If "Yes," identify the party(ies):

3. **Will the *data* be shared with any outside (non-HMH) parties?** Yes No Clear
 If "Yes," identify the party(ies):

4. **Will the data be shared with/accessed/used by anyone at HMH other than the PI?** Yes No Clear
 If "Yes," identify the party(ies):

5. **Is there a cost associated with receiving the data?** Yes No Clear
 If "Yes," how will the costs be covered:

D. FOR OUTGOING DATA ONLY

1. **Was the data gathered, or will it be gathered, as part of a sponsored project?** Yes No Clear
 If "Yes," provide the SPO/Project Title:

2. **The data will be provided as part of a collaborative research project and result in a joint publication?** Yes No Clear

3. **Will the requester combine the data with materials from other sources?** Yes No Clear
 If "Yes," explain:

4. **Do you require the requester to share its results with you?** Yes No Clear

5. Please explain any additional restrictions on the use of the data that you would like to request (e.g. specific users only, special security/encryption requirements, limits on what the data can be used for, etc.).

E. ATTACHMENTS

For incoming data, please attach the draft Data Use Agreement from the Data Provider, if available, and any supporting documentation as a part of this request. For outgoing data, please attach any additional supporting documentation.

PI CERTIFICATION

I acknowledge and accept the obligations related to this Data Use Agreement.

Signature of HMH Principal Investigator

Date