

UNIVERSITY OF SOUTH FLORIDA DATA USE INTAKE WORKSHEET

 PI First Name PI Last Name URA First Name URA Last Name

PI email: _____ URA email: _____

 College Department Associated Project ID (if applicable)

Review requested for: Data Use Agreement (DUA) _____ Research Agreement with DUA Article _____

Is the data use related to primary or subcontract project? Yes _____ No _____ (provide supporting documents)

Request is for: New/Initial _____ Renewal _____ Extension/Amendment _____

Project Title _____

Contracting Entity/Agency _____

Agency Point of Contact (name, phone, email, website) _____

Individuals (besides PI and URA) who should receive notifications about this data use review:

Name	Email Address		Name	Email Address

Will USF provide data to another entity? Yes _____ No _____ (If yes, include details under "Shared")

Will the sponsor provide a system or technology as part of this agreement? Yes _____ No _____ Unsure _____

Will the data related to this agreement/contract be combined or otherwise linked to data received under other agreements? Yes _____ (please provide other documents) No _____

Does this project involve humans subjects? Yes _____ No _____ Unsure _____ Approved IRB# _____

Does this project include protected health information (PHI) or other HIPAA-related data? Yes _____ No _____

Does this project involve animals? Yes _____ No _____ Unsure _____ Approved IACUC# _____

Does this project require compliance with regulations, such as ITAR, EAR, or FAR clauses? Yes _____ No _____ Unsure _____

If YES or Unsure, send this completed worksheet with agreement/award documents, IRB approval, etc. as a separate attachment to cwalters@usf.edu

If NO, send this completed Worksheet with DUA and associated award documents, IRB approval, etc. as a separate attachment to datause@usf.edu

Are you collaborating with any non-USF persons or other institutions on this project? Yes _____ No _____

Are you purchasing a computer device solely for this project? Yes _____ No _____

If Yes, will the device be purchased with university resources? _____ or with personal resources? _____

If purchased with university resources, does the device require encryption? Yes _____ No _____ Unsure _____

Does this project involve the creation of intellectual property? Yes _____ No _____ Unsure _____

Provide a brief summary of the project:

Project team information (attach sheet if additional space is needed):

Name	Role	Type of machine	Machine Name	Service Tag	Encrypted?	Bldg/Room

Machine Name Example

C068261

Service Tag Example



Project Workspaces:

For the rooms listed above, do they have (attach sheet if additional space is needed):

Bldg/Room	Room Access	Privacy Concerns	Type of Space

For this DUA, please provide details on how the data will be:

- Collected from the original source:
- Received by the PI/USF:
- Processed/Used by the research team:
- Shared/Reported/Disseminated:
- Stored (include all safety measures to protect data):
- Retained (how long will the data be kept):
- Disposed

Additional Comments/Notes: