

# Request for Data Use Agreement: Preparation Worksheet

Completing the online form is required in order to submit a request for a Data Use Agreement (DUA) to the Office of Sponsored Projects (OSP). This worksheet is a printable version of the online form that can be used to prepare the responses prior to entering the information online.

Please fill out and submit the online form along with the agreement, the scope of work, relevant emails, and any other pertinent documentation. (The [Request for a Data Use Agreement online form](#) can be found on the OSP website.)

You will receive an auto-email copy of your completed submission shortly after completing and submitting the online form.

1. Your contact information (enter the information for the person completing this form)

Name \_\_\_\_\_

Email \_\_\_\_\_

2. Are you also the Department Business Office (DBO) contact?

Yes

No

3. If you are not the DBO, please provide the Department Business Office (DBO) contact information.

Name \_\_\_\_\_

Email \_\_\_\_\_

4. Yale Principal Investigator (this person must have PI status)

*View: [Policy 1310 Principal Investigator Eligibility Requirements on Sponsored Projects](#)*

Name \_\_\_\_\_

Department \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

5. Your current Departmental GCAT mailbox (use this link to [lookup your GCAT mailbox](#) )

- GCAT1
- GCAT2
- GCAT3
- GCAT4
- GCAT5

6. Proposal Title

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7. Is this agreement related to any IRB application?

- Yes
- No

8. If yes, please provide HIC #

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9. Please provide the IRES record number if associated with an existing IRES record.

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10. Data Provider: what is/are the name(s) of the ***Institution(s)*** providing this data?

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11. Data Recipient: what is/are the name(s) of the **Institution(s)** receiving this data?

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12. Are both parties providing data?

- Yes
- No

13. What type of data is being shared?

- Protected Health Information (PHI) or Personally Identifiable Information
- De-identified** data
- Both

14. Non-Yale Institution Contact (this individual is affiliated with the institution which is entering into this agreement with Yale)

Name of Institution \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

15. Non-Yale Institution Negotiator (if different from above)

Name of Institution \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

16. Will there be cybersecurity requirements?

- Yes
- No
- Not sure

17. If there are cybersecurity requirements, provide contact information for your departmental IT representative:

\_\_\_\_\_  
\_\_\_\_\_

Do you require assistance with data management, i.e., storage, facilities, hardware, etc?

View the [Research Data Management website](#).

- Yes
- No
- Not sure

18. NOTE: If the project involves any interaction with people or institutions in OFAC sanctioned countries, you must contact the Director of Export Controls: [donald.deyo@yale.edu](mailto:donald.deyo@yale.edu).  
View the Office of Research Administration [Export Controls](#) website for guidance.

19. Additional comments:

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- 20. Upload the **Agreement** (1 file only)
- 21. Upload the **Scope of Work** (1 file only)
- 22. Upload **Email Correspondence** (1 file only)
- 23. Upload additional **Documentation**: include any relevant documentation, e.g., drafted informed consent, protocol summary; proposed sponsor agreement, etc. (1 file only)

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*You will receive an auto-email copy of your completed submission shortly after completing and submitting the online form.*