|  |  |  |
| --- | --- | --- |
| DATA PROVIDER |  | UNIVERSITY |
| Data Provider: Click here to enter text. |  | Primary Contact for data request: Click here to enter text. |
| Contact Name: Click here to enter text. | PI (defined by [policy](https://policy.psu.edu/policies/ra03)): Click here to enter text. |
| Negotiator contact info (if known): Click here to enter text. | PSU Dept/College: Click here to enter text. |
| Data Set Name (if known): Click here to enter text. | Address: Click here to enter text. |
|  |  |
| Phone: Click here to enter text. | Phone: Click here to enter text. |
| Email: Click here to enter text. | Email (required): Click here to enter text. |
| Website Address: Click here to enter text. |  |
|  | | |

**Is there a deadline for this Data Acquisition?** Choose Yes/No **Enter date:** Click here to enter a date.

1. Is there a cost associated with this data set? Choose Yes/No
   1. If Yes, Data will be paid for by:  Purchase Order  SRFC  P-Card
2. Data Provider is:

Federal  State  University  Non-Profit  Corporate/Industrial

Other (details): Click here to enter text.

1. Data received will be used by (check all that apply):

Faculty  Staff  Post-Doc  Graduate Student  Undergraduate Student

Other: Click here to enter text.

1. Is Data to be received associated with a sponsored research project? Choose Yes/No
   1. If yes, enter OSP# if known: Click here to enter text.
2. Will Data be used in conjunction with any other agreement (i.e. Non-Disclosure Agreement, data received from another source)? Choose Yes/No
   1. If Yes, please identify the other agreement and contact information:

• Click here to enter text.

* 1. If Yes, has there been any agreement, letter of intent or correspondence of any kind between you and the provider of the other data stating any condition(s), restrictions or guidelines under which the other data will be used? Choose Yes/No

1. Please provide the purpose of use of the data to be received (if you need additional space, please attach):

• Click here to enter text.

1. Period of use: From Click here to enter a date. to Click here to enter a date.

(ex. 01/01/2017 to 12/31/2017; Date of Final Signature to 24 months

1. Data contains (check all that apply):

|  |  |
| --- | --- |
| Personally Identifiable Information (PII) | De-Identified |
| Personal Health Information(PHI) | Proprietary |
| Limited Data Set as defined in [45 CFR 164.514(e)](https://www.ecfr.gov/cgi-bin/text-idx?SID=56ac5b3575528a002716f06714b1d43d&mc=true&node=se45.1.164_1514&rgn=div8) | Unknown |

1. Please provide any details that would help us understand what the data consists of:

• Click here to enter text.

1. Is Institutional Review Board (IRB) Committee approval required? Choose Yes/No
2. If YES, has IRB review been completed? YES (IRB number: Click here to enter text.)  NO
3. Will you need to connect to the Data Provider’s computer system to access data? Choose Yes/No
4. Where are you planning on storing the data?  
    Institute for Cyber Sciences (ICS/ACI)  Local IT  Cloud Storage  TBD

Comments/Additional Information:

• Click here to enter text.

1. List your IT office Contact Information:

Name: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

1. Is your IT office involved/aware of the Data Use Agreement? Choose Yes/No
2. Are non-PSU parties involved in the project? (i.e. another University, industrial, partner) Choose Yes/No
3. If yes, please list them and provide contact information

• Click here to enter text.

1. Is there any Conflict of Interest or Significant Financial Interest related to this project? Choose Yes/No
2. Is the Data Provider a foreign person/entity? Choose Yes/No
3. Will the Data be accessed by or made available to any foreign persons, including faculty, staff, students or third parties (visitors, collaborators, subcontractors)? Choose Yes/No
4. If the foreign persons are not employees of the University, please provide the name and citizenship of the foreign persons: Click here to enter text.
5. Will the Data be physically exported from the United States, either temporarily or permanently, and/or accessed remotely from a location outside the United States? Choose Yes/No
6. Please attach all relevant documents and list below (i.e. Request/Application form, Data Use Agreement, License Agreements, Supplemental Agreement): Click here to enter text.

**List your College Research Office contact and/or any other persons that should be copied on all correspondence related to your request** (Name and email)

• Click here to enter text.