

## **UAB Data Use Agreement (DUA) Checklist**

The UAB DUA Checklist is to be used when submitting DUA documents/requests. Please submit the completed form along with any required attachments to the Office of Sponsored Programs (OSP).

SUBMIT

<b>General Information</b>		Name	Email	Phone
	Principal Investigator (PI)			
	Primary Contact			
	Regulatory/IRB Contact			
	Provider/Recipient			
	Provider/Recipient Contact			
-	Project Title			
1	Are you Providing and/or Re	eceiving?		
	$\square$ Providing	☐ Receiving	☐ Both Provi	ding and Receiving
2	Does the Data contain infor	mation collected from human research s	ubjects?	
	☐ Yes ☐ No			
	Do you have UAB IRB appro	val or determination (or have one pendi	ng)?	
	☐ Yes ☐ No			
	IRB Protocol Numbe	er:		
3	Does the Data contain any id	dentifiers, individually identifiable health	n information or prot	ected health
	information (PHI)? See: Data	a Use Agreements Webpage		
	☐ Yes ☐ No			
4	If the Recipient, how will yo	u fund the research to be conducted wit	h the Data?	
-	If the Provider, how was the research funded that generated the Data?			
•	and the same that the same transfer that be same to be			
-				
-	Drevide the following as an	uliaahla.		
	Provide the following, as ap		OSD Ass	igned Number
	Provide the following, as ap Agreement Sponsor	plicable:  Grant/Contract Number	OSP Ass	igned Number
_	Agreement Sponsor	Grant/Contract Number		
5	Agreement Sponsor  Do you anticipate that any in			
5	Agreement Sponsor  Do you anticipate that any in  Yes No	Grant/Contract Number		
5	Agreement Sponsor  Do you anticipate that any in	Grant/Contract Number		
5	Agreement Sponsor  Do you anticipate that any in  Yes No If yes, by whom?	Grant/Contract Number		
	Agreement Sponsor  Do you anticipate that any in Yes  No If yes, by whom?  Will the Data be used in con Yes  No	Grant/Contract Number		
	Agreement Sponsor  Do you anticipate that any in  Yes No If yes, by whom?  Will the Data be used in con	Grant/Contract Number		
	Agreement Sponsor  Do you anticipate that any in Yes No If yes, by whom?  Will the Data be used in con Yes No If yes, what research?	Grant/Contract Number	e developed from the	use of the Data?
6	Agreement Sponsor  Do you anticipate that any in Yes No If yes, by whom?  Will the Data be used in con Yes No If yes, what research?	Grant/Contract Number  nventions or intellectual property will be junction with other research?	e developed from the	use of the Data?

Version: 11.28.2022



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8	Does the Provider or funding source of the Data indicate any of following limitations or restrictions?
	☐ Prior Approval for Dissemination/Publication
	☐ Restrictions on Access or Participation by Foreign Nationals
	☐ Export Control Restrictions (EAR or ITAR)
	☐ Not Applicable
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9	If UAB is the Provider, please attach a project description that details work to be done by Recipient with the
	Data. Click the button below to browse for file(s) to attach.
	Browse/Attach
10	If UAB is the Receiver, please attach a project description that details work to be done by UAB with the Data.
	Click the button below to browse for file(s) to attach.
L	Browse/Attach
11	Please attach any DUA Agreement or other project related documents received. Click the button below to
	browse for file(s) to attach.
L	
	Browse/Attach
Con	nments
Shou	ld you have any questions, please contact your OSP Officer or osp@uab.edu.

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