

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).**



General Information	Name	Email	Phone
Principal Investigator (PI)			
Primary Contact			
Secondary Contact			
Provider/Recipient			
Provider/Recipient Contact			
Project Title			

1 Are you Providing and/or Receiving?

Providing
 Receiving
 Both Providing and Receiving

2 Does the Data contain information collected from human research subjects?

Yes No

Do you have UAB IRB approval or determination (or have one pending)?

Yes No

IRB Protocol Number: _____

3 Does the Data contain any identifiers, individually identifiable health information or protected health information (PHI)? See: [Data Use Agreements Webpage](#)

Yes No

4 If the Recipient, how will you fund the research to be conducted with the Data?

If the Provider, how was the research funded that generated the Data?

Provide the following, as applicable:

Agreement Sponsor	Grant/Contract Number	OSP Assigned Number

5 Do you anticipate that any inventions or intellectual property will be developed from the use of the Data?

Yes No

If yes, by whom? _____

6 Will the Data be used in conjunction with other research?

Yes No

If yes, what research? _____

7 Do you anticipate receiving or transmitting any Confidential Information as part of the Data transfer?

Yes No

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

8	Does the Provider or funding source of the Data indicate any of following limitations or restrictions? <input type="checkbox"/> Prior Approval for Dissemination/Publication <input type="checkbox"/> Restrictions on Access or Participation by Foreign Nationals <input type="checkbox"/> Export Control Restrictions (EAR or ITAR) <input type="checkbox"/> Not Applicable
----------	--

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.
-----------	---

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.
-----------	---

Browse/Attach

Comments

Should you have any questions, please contact your [OSP Officer](#) or askosp@uab.edu.