

DATA USE AGREEMENT ROUTING FORM

Routing Form to Accompany Data Use Agreements

Please complete and email this form, together with an editable (Microsoft Word, no PDFs) copy of the draft Data Use Agreement (unless WCMC will provide the template), to materialtransfer@med.cornell.edu

Date

Principal Investigator

Study Title

1. What type of data is being shared/transferred (limited data set, de-identified data or identifiable data that has more identifiers than a limited data set)?

2. Is WCMC providing or receiving the data?

3. If WCMC is providing the data, is WCMC completely transferring all ownership rights to the data (yes/no)?

If yes, please indicate who in the IRB and department has authorized the transfer

Department Contact name

Department Contact phone number

Department Contact email

Sponsor/Company Contact name

Sponsor/Company Contact phone number

Sponsor/Company Contact email

4. Is the data sharing/transfer supported by funds from any for-profit company (yes/no)?

If yes, please give the name of the company and agreement involved

5. Will the data sharing/transfer be used in conjunction with federal, state, or local funding (yes/no)?

If yes, please list agency involved

6. Is the data sharing/transfer subject to consulting, licensing, or other obligations to another institution, corporation, or business entity (yes/no)?

If yes, please give the name of the company and agreement involved

7. Will the data be commingled with any other material (yes/no)?

If yes, please give the source of the other material

8. Does your material involve human subjects (yes/no)?

IRB Protocol number and approval date (if applicable)

9. Is this DUA connected to an existing clinical trial being conducted at Weill Cornell Medical College (yes/no)?

10. Does your material involve laboratory animals (yes/no)?

IACUC Protocol number (if applicable)

IACUC Protocol approval and dates (if applicable)

11. Will the scope of work involve any existing intellectual property (yes/no)?

On a scale of 1-10 please indicate probability of intellectual property evolving from the data use/transfer using a range of representation from 1 (not at all likely) to 10 (extremely likely)

I am aware of and agree to adhere to the obligations and restrictions imposed by the Data Use Agreement covering the data.

Name and Signature of laboratory head (please date and sign)

List all faculty, students and trainees who will be working with the data, and include Name and Signature of each such person (please date and sign)

By signing, I acknowledge that I am aware of, and will adhere to, the restrictions and obligations imposed by the Data Use Agreement covering then data.