

Data Use Agreement (DUA) - Review Form

FAU PI Information

FAU PI's Name	
FAU PI's Email	
College / Unit	
Providing or Receiving Data?	

Collaborator's Information

Collaborator's Name	
Collaborator's Email	
Collaborator's Institution	
Institution's Authorized Official	
Authorized Official's Title	
Authorized Official's Email	
Providing or Receiving Data?	

Research Project

Title of Research Project	
Sponsor of Project (if any)	
Related Agreements (if any)	
Novelation or AWD # (if any)	

Project Data

1. Description of Data: Source (e.g., humans, animals), Demographics, Population, Focus, etc.

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HIPAA: Personally Identifiable Information

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Name (<i>including initials</i>) 2. Address (all geographic info smaller than state: street address, city, county, zip code) 3. All elements (except years) of dates related to an individual (e.g., birthdate, admission date, discharge date, date of death, and exact age if over 89) 4. Telephone numbers 5. Fax number 6. Email address 7. Social Security Number 8. Medical record number | <ol style="list-style-type: none"> 9. Health plan beneficiary number 10. Account number 11. Certificate or license number 12. Any vehicle identifiers, including license plate 13. Device identifiers and serial numbers 14. Web URL 15. Internet Protocol (IP) Address 16. Finger or voice print 17. Photos (not limited to images of the face) 18. Any other characteristic that could uniquely identify the individual |
|---|---|

1(A). If Human Subjects Data, are ANY of the eighteen (18) identifiers listed above included in the data?

→ Yes:

→ No:

→ N/A:

HIPAA: Limited Data Set

- | |
|---|
| <ol style="list-style-type: none"> 1. City, State, Zip Code 2. Date of admission, date of discharge, date of service, date of birth, date of death 3. Ages in years, months, days, or hour |
|---|

1(B). If Human Subjects Data, does the data include ONLY the identifiers listed under HIPAA: Limited Data Set?

→ Yes:

→ No:

→ N/A:

HIPAA: De-identified Data

1. All geographic information smaller than a state, except for the initial three digits of the ZIP code:
 - a. The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and (2)
 - b. The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000;
2. Ages in years and for those older than 89, all ages must be aggregated into a single category of 90 or older

1(C). If Human Subjects Data, are the identifiers limited ONLY to those listed under HIPAA: De-identified Data?

- Yes:
- No:
- N/A:

FERPA: Student Record Identifiers

1. Student's name
2. Name of student's parent(s) or other family members
3. Address of the student or student's family
4. Student's personal identifiers, such as:
 - a. Social Security Number;
 - b. Student number; or
 - c. Biometric record (i.e. Finger or voice print)
5. Student's other indirect identifiers, such as:
 - a. Birthdate;
 - b. Place of birth; or
 - c. Mother's maiden name
6. Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community to identify the student with reasonable certainty
7. Information requested by a person who the educational institution reasonably believes knows the identity of the student to whom the education record relates

1(D). If Human Subjects Data of Students, are ANY of the identifiers listed above included in the data?

- Yes:
 - No:
 - N/A:
-

2. Does the Project Meet the Definition of Human Subjects Research?

→ Yes:

→ No:

2(A). If “No,” did the IRB issue a Determination of Not Human Subjects Research?

→ Yes:

→ No:

2(B). If “Yes,” has the IRB protocol been submitted?

→ Yes:

→ No:

2(C). If “Yes,” is the IRB protocol pending review?

→ Yes:

→ No:

2(D). If “No,” has the IRB Protocol been approved?

→ Yes:

→ No:

2(E). If “Yes,” what is the IRB Protocol Number?

→

3. Project Description: Scope, Objective, Use of Data, Anticipated Results, etc.

Attestation

By signing below, I hereby attest that all information provided in conjunction with this Data Use Agreement Review Form is true and complete to the best of my knowledge. I acknowledge and agree that any false or misleading statements or omissions may result in disciplinary action, including, but not limited to, the denial of research privileges, loss of academic appointment, and termination. I further acknowledge and agree to comply with all applicable federal, state, and local laws and regulations, as well as Florida Atlantic University Regulations, Policies, and procedures in connection with the use and maintenance of the data as described in this Data Use Agreement Review Form.

**Florida Atlantic University
Principal Investigator**

By: _____

Name: _____

Title: _____

Date: _____