DATA USE AGREEMENT REQUEST

ADMINISTRATIVE INFORMATION

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<tr>
<th>Stanford Principal Investigator</th>
<th>Stanford Lab Contact</th>
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<td>Department</td>
<td>Data is</td>
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- Incoming (Sections A, B, C)
- Outgoing (Sections A, B, D)
- Both (All Sections)

A. INFORMATION ABOUT THE DATA

1. Brief Description of the Data:

   Sending to:

   Receiving from:

2. Is the data related to human subjects?  
   - Yes  
   - No

   a. If "Yes," please respond to the following:
      i. Please review the definitions of Protected Health Information, Limited Data Set, and de-identified data (if you have any questions about the classification of the data, contact the Privacy Office). This data is:
         [Select one]
      ii. Provide one of the following:
         - Protocol number for use of the data
         - Attach IRB letter, exemption letter or determination letter

3. Is the data considered sensitive or confidential (e.g. under a non-disclosure agreement)?  
   - Yes  
   - No

   If "Yes," describe:

4. Is the data considered export controlled information?  
   - Yes  
   - No

B. USE, TRANSFER AND STORAGE OF THE DATA

1. Brief description of how the data will be used:

2. Will the data be used for:
   [Select one]
   - Sponsored research, please select one:
     - SPO/Project Title
     - Proposal in progress

3. Will the data be combined with data from other sources?  
   - Yes  
   - No

   If "Yes," provide the source:

4. Will the scope of work involve any existing Stanford intellectual property?  
   - Yes  
   - No

5. Do you anticipate intellectual property evolving from the use of the data?  
   - Yes  
   - No

6. How will the data be accessed, received, or provided? (Check all that apply)
   - Paper
   - Thumb-drive/hard drive
   - Electronic portal
     - Download
     - View-only
   - Electronic transfer:
   - Stanford server access (SuNet ID)
   - Other:
C. FOR INCOMING DATA ONLY

1. How/where will the data be stored? □ N/A; data will not be stored at Stanford or is available for view-only access

   a. Specify the physical security standards in place:
   b. Provide the contact information for your department IT person:

2. Will the results of your activity be shared with any outside (non-Stanford) parties? □ Yes □ No
   If "Yes," identify the party(ies):

3. Will the data be shared with any outside (non-Stanford) parties? □ Yes □ No
   If "Yes," identify the party(ies):

4. Will the data be shared with/accessed/used by anyone at Stanford other than the PI? □ Yes □ No
   If "Yes," identify the party(ies):

5. Is there a cost associated with receiving the data? □ Yes □ No
   If "Yes," how will the costs be covered:

D. FOR OUTGOING DATA ONLY

1. Was the data gathered, or will it be gathered, as part of a sponsored project? □ Yes □ No
   If "Yes," provide the SPO/Project Title:

2. The data will be provided as part of a collaborative research project that will result in a joint publication? □ Yes □ No

3. Will the requester combine the data with materials from other sources? □ Yes □ No
   If "Yes," explain:

4. Do you require the requester to share its results with you? □ Yes □ No

5. Please explain any additional restrictions on the use of the data that you would like to request (e.g. specific users only, special security/encryption requirements, limits on what the data can be used for, etc.).

PI CERTIFICATION

I acknowledge and accept the obligations related to this Data Use Agreement.

______________________________
Signature of Stanford Principal Investigator

______________________________
Date