FLORIDA ATLANTIC UNIVERSITY
DIVISION OF RESEARCH

Office of Technology Development
Data Use Agreement Review Form

Instructions

Complete all fields in sections I through VII and sign the form. If a field is not applicable, please state N/A. Send the completed form to OTD at techdevelop@fau.edu. OTD will acknowledge receipt of the form via e-mail.

Section I: FAU Principal Investigator Information

Name:

Title:

Department/Center/Institute:

College/Area:

Phone:

E-mail address:

Is the FAU PI providing or receiving data?

☐ Providing ☐ Receiving

Section II: Non-FAU Principal Investigator Information

Name:

Title:

Institution name:

Institution address:

Institution country:

Phone:

E-mail address:

Is the Non-FAU PI providing or receiving data?

☐ Providing ☐ Receiving

Section III: Project Description

Project title:

Project sponsor (if any):

Related agreements (if any):

Novelution or AWD# (if any):

Description of project (scope, objective, use of data, anticipated results, etc.):

Section IV: Project Data

Description of data (source, demographics, population, focus, etc.):

Section V: HIPAA/FERPA Questions

Personally Identifiable Information

If the project data is human subjects data, are **<u>any</u>** of the following eighteen (18) identifiers listed below included in the data?

- Name (including initials)
- Address (all geographic info smaller than state (e.g. street address, city, county, zip code))
- 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)
- Telephone number
- Fax number
- Email address
- Social Security Number
- Medical record number
- Health plan beneficiary number
- Account number certificate or license number
- Any vehicle identifiers, including license plate
- Device identifiers and serial numbers
- Web URL
- Internet Protocol (IP) address
- Finger or voice print
- Photos (not limited to images of the face)
- Any other characteristic that could uniquely identify the individual

☐ Yes ☐ No ☐ N/A

Limited Data Set

If the project data is human subjects data, does the data include **only** the identifiers listed below?

- City, state, zip code
- Date of admission, date of discharge, date of service, date of birth, date of death
- Ages in years, months, days, or hours

☐ Yes ☐ No ☐ N/A

De-Identified Data

If the project data is human subjects data, are the identifiers limited **only** to those listed below?

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

☐ Yes ☐ No ☐ N/A

Student Record Identifiers

If the project data is human subjects data of students, are **any** of the identifiers listed below included in the data?

- Student's name
- Name of student's parent(s) or other family members
- Address of the student or student's family
- Student's personal identifiers, such as:
  - Social Security Number
  - Student number; or
  - Biometric record (i.e. finger or voice print)
- Student's other indirect identifiers, such as:
  - Birthdate
  - Place of birth; or
  - Mother's maiden name
- 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
- Information requested by a person who the educational institution reasonably believes knows the identity of the student to whom the education record relates

☐ Yes ☐ No ☐ N/A

Section VI: Compliance Questions

Does the project meet the definition of "**Human Subjects Research**"?

☐ Yes ☐ No

If "No", did the IRB issue a determination of "Not Human Subjects Research"?

☐ Yes ☐ No

If “Yes”, has the IRB protocol been submitted?

☐ Yes ☐ No

If “Yes”, is the IRB protocol pending review?

☐ Yes ☐ No

If “No”, has the IRB protocol been approved?

☐ Yes ☐ No

If “Yes”, what is the IRB protocol number?

Protocol Number: _____

Section VII: Form Certification

I certify that the information provided in this form is true and accurate to the best of my knowledge. I acknowledge 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 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.

By: _____

Name: _____

Date: _____