



Name of Requester:			
Email Address:			
Alternate contact, if desired (e.g., post-award specialist, lab manager):			
Alternate Contact Email Address:			
Is there to be a monetary payment for the item? (if Yes, fill out info below)		☐ Yes ☐ No	
Payment:		☐ From KSU ☐ To KSU	
Department Code:		Funding Type:	N/A
Speed Chart #:		Purchase Method:	N/A
Amount:		Has budget been verified?	☐ Yes ☐ No

Vendor or Institution Information			
Name:			
Street Address:			
City:		State/Province:	
Country:		Postal Code:	
Contact name (if known):			
Contact email:			
Contact phone (if known):			

For use by Office of Research Compliance Only:

Date Rec'd		Date Ent.		Date Appr		Date Signed	
Contract #		Notes:					

Instructions:

- If KSU is receiving data only, please complete Sections I & II
- If KSU is sending data only, please complete Sections I & III
- If KSU is both sending and receiving data, please complete Sections I, II, & III

Section I: Is KSU sending data, receiving data, or both?

- ☐ Receiving (Please complete Section II)
- ☐ Sending (Please complete Section III)
- ☐ Both (Please complete Sections II & III)

Section II: Incoming data

1. **How long does the KSU study team need access to the incoming data?**
Year(s) Month(s)
2. **Please describe how the data will be used and the purpose for the data transfer:**
3. **Please provide a brief narrative description of the incoming dataset:**
4. **Please list the data elements that are being sent to KSU (e.g., demographics, specific variables, treatment, response/outcomes, etc.):**
5. **Is KSU receiving human subjects data, as defined under 45 CFR Part 46 (i.e., data obtained from a living person through intervention/interaction, or identifiable private information)?**
 - ☐ **No** (if “No,” please skip to Section II, Question 6)
 - ☐ **Yes** (if “Yes,” please continue)
 - If “Yes” please list the IRB study number (if known):**
What is the status of the study?
 - ☐ Not yet submitted
 - ☐ Pending review/in progress
 - ☐ Approved
 - If “Yes,” please check each identifier that will be included in the incoming dataset:**
 - i. ☐ Names and/or initials
 - ii. ☐ Any addresses or geographic subdivisions smaller than a state:
 - a. ☐ full address(es)
 - b. ☐ name of street
 - c. ☐ name of city
 - d. ☐ name of state
 - e. ☐ ZIP Code

- iii. ☐ All elements of dates (except year alone) for dates directly related to an individual (including, ages over 89, birth dates, admission dates, discharge dates, date of sample collection, date of service, date of death)
 - a. ☐ dates (except year alone) (e.g., mm/dd/yyyy, mm/yyyy)
 - b. ☐ ages (in years, months, or hours)
 - c. ☐ for ages over 89, the ages are aggregated into a single category of 90 or older
- iv. ☐ Telephone numbers, fax numbers, or email addresses
- v. ☐ Social security numbers
- vi. ☐ Medical record numbers
- vii. ☐ Health plan beneficiary numbers
- viii. ☐ Account numbers
- ix. ☐ Certificate or driver's license numbers
- x. ☐ Vehicle identifiers and serial numbers, including license plate numbers
- xi. ☐ Device identifiers and serial numbers
- xii. ☐ Web Universal Resource Locators (URLs)
- xiii. ☐ Internet Protocol (IP) addresses or numbers
- xiv. ☐ Biometric identifiers, including finger and voice prints
- xv. ☐ Full face photographic images and any comparable images
 - a. ☐ Full face images
 - b. ☐ CT scans
 - c. ☐ MRI scans
 - d. ☐ Other images (please explain):
- xvi. ☐ **None of the above**

If you checked "None of the above," will the incoming dataset include any other unique identifying numbers, characteristics, or codes (note: this does not mean the unique code assigned by the data recipient to code the data)?

☐ **No** (if "No," please continue to Section II, Question 6)

☐ **Yes** (if "Yes," please explain):

If "Yes," what is the number of human subjects whose data will be included in the incoming dataset:

If "Yes," do the data include personal genomics information?

☐ **No** (if "No, please skip to Section II, Question 6)

☐ **Yes** (if "Yes," please indicate where the genomics data was collected, if known):

6. Are the data related to student educational records?

☐ **No** (if "No," please skip to Section II, Question 7)

☐ **Yes** (if “Yes,” please continue)

If “Yes,” please check each type of information included in the data:

- i. ☐ Student name(s)
- ii. ☐ The name(s) of the student’s parent(s) or other family members
- iii. ☐ The address of the student or the student’s family
- iv. ☐ Student personally identifiable information (e.g., Social Security Numbers, Student ID numbers, biometric or voice recording(s), fingerprint(s))
- v. ☐ Any other student identifiable information (e.g., birth date, place of birth, mother’s maiden name)
- vi. ☐ Any other information that alone, or in combination, is linked (or linkable) to a specific student that would allow a person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty
- vii. ☐ Any information requested by a person who the educational agency or institution reasonably believes knows the identity of the student to whom the education record relates
- viii. ☐ **None of the above**

7. Are the data considered sensitive, or do the data contain confidential information?

☐ **No** (if “No,” please skip to Section II, Question 8)

☐ **Yes** (if “Yes,” please continue)

If “Yes,” which categories of sensitive or confidential information are included in the incoming dataset:

- i. ☐ Vulnerable or at-risk populations (e.g., children, elderly, pregnant women, refugees, prisoners, COVID-19 sufferers)
- ii. ☐ Mental health or psychiatric disorders
- iii. ☐ Drug dependency or physical abuse
- iv. ☐ Sexually transmitted diseases or sexual orientation
- v. ☐ Rare or unique diseases
- vi. ☐ Other (if “Other,” please explain):
- vii. ☐ **None of the above**

8. Are any deliverables expected from KSU?

☐ **No** (if “No,” please skip to Section II, Question 9)

☐ **Yes** (if “Yes,” please list the deliverables):

9. How should the incoming dataset be handled by the KSU study team at the conclusion of the project and/or expiration of the DUA (e.g., return, destroy, destroy but retain one copy)?

10. How will the KSU study team access the incoming dataset?

- a. ☐ Paper

- b. ☐ Thumb-drive / Hard drive
- c. ☐ Electronic portal: download
- d. ☐ Electronic portal: view only
- e. ☐ Electronic transfer
- f. ☐ CD/DVD-ROM
- g. ☐ Other (if "Other," please explain):

11. Where will the incoming dataset be sent and who will receive access:

- a. Name, physical address, and email of data recipient at KSU:

- b. Authorized users of the incoming dataset:

12. Where will the incoming dataset be stored at KSU (e.g. stand-alone computer, OneDrive, research server, physical media in locked cabinet):

13. What KSU security standards and/or what KSU approved services will be used to protect the incoming dataset?

14. Does the KSU study team expect to combine the incoming dataset with data from third party sources?

- ☐ **No** (if "No," please skip to Section II, Question 15)
- ☐ **Yes** (if "Yes," please identify the third-party source(s) of data to be combined with the incoming data):

15. Will the incoming dataset be shared with any other outside parties (e.g., third-party collaborators)?

- ☐ **No**
- ☐ **Yes** (if "Yes," please list the third-party collaborators):

Section III: Outgoing data

1. How long does the data recipient need access to KSU's data?

Year(s) Month(s)

2. Please describe how the data will be used and the purpose for the data transfer:

3. Please provide a brief narrative description of the outgoing dataset:

4. Please list the data elements that are being sent to the data recipient (e.g., demographics, specific variables, treatment, response/outcomes, etc.):

5. **Where was the data collected?** (e.g., on-campus, off-campus research partner)

6. **Is KSU sending human subjects data, as defined under 45 CFR Part 46** (i.e., data obtained from a living person through intervention/interaction, or identifiable private information)?

☐ **No** (if “No,” please skip to Section III, Question 7)

☐ **Yes** (if “Yes,” please continue)

If “Yes” please list the IRB of record for the intended use of the dataset and the IRB study number (if known):

What is the status of the study?

☐ Not yet submitted

☐ Pending review

☐ Approved

If “Yes,” please check each identifier that will be included in the outgoing dataset:

i. ☐ Names and/or initials

ii. ☐ Any addresses or geographic subdivisions smaller than a state:

a. ☐ address(es)

b. ☐ name of street

c. ☐ name of city

d. ☐ name of state

e. ☐ ZIP Code

iii. ☐ All elements of dates (except year alone) for dates directly related to an individual (including, ages over 89, birth dates, admission dates, discharge dates, date of sample collection, date of service, date of death)

a. ☐ dates (except year alone) (e.g., mm/dd/yyyy, mm/yyyy)

b. ☐ ages (in years, months or hours)

c. ☐ for ages over 89, the ages are aggregated into a single category of 90 or older

iv. ☐ Telephone numbers, fax numbers, or email addresses

v. ☐ Social security numbers

vi. ☐ Medical record numbers

vii. ☐ Health plan beneficiary numbers

viii. ☐ Account numbers

ix. ☐ Certificate or driver’s license numbers

x. ☐ Vehicle identifiers and serial numbers, including license plate numbers

xi. ☐ Device identifiers and serial numbers

- xii. ☐ Web Universal Resource Locators (URLs)
- xiii. ☐ Internet Protocol (IP) addresses or numbers
- xiv. ☐ Biometric identifiers, including finger and voice prints
- xv. ☐ Full face photographic images and any comparable images
 - a. ☐ Full face images
 - b. ☐ CT scans
 - c. ☐ MRI scans
 - d. ☐ Other images (please explain):
- xvi. ☐ **None of the above**

If you checked “None of the above,” will the outgoing dataset include any other unique identifying numbers, characteristics, or codes (note: this does not mean the unique code assigned by the PI to code the data)?

☐ **No** (if “No,” please continue)

☐ **Yes** (if “Yes,” please explain):

If “Yes,” what is the number of human subjects whose data will be included in the outgoing dataset:

If “Yes,” do the data include personal genomics information?

☐ **No** (if “No, please skip to Section III, Question 7)

☐ **Yes** (if “Yes,” please indicate where the genomics data was collected, if known):

7. Are the data related to student educational records?

☐ **No** (if “No,” please skip to Section III, Question 8)

☐ **Yes** (if “Yes,” please continue)

If “Yes,” please check each type of information included in the data:

- i. ☐ Student name(s)
- ii. ☐ The name(s) of the student’s parent(s) or other family members
- iii. ☐ The address of the student or the student’s family
- iv. ☐ Student personally identifiable information (e.g., Social Security Numbers, Student ID numbers, biometric or voice recording(s), fingerprint(s))
- v. ☐ Any other student identifiable information (e.g., birth date, place of birth, mother’s maiden name)
- vi. ☐ Any other information that alone, or in combination, is linked (or linkable) to a specific student that would allow a person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty
- vii. ☐ Any information requested by a person who the educational agency or institution reasonably believes knows the identity of the student to whom the education record relates

viii. ☐ **None of the above**

8. Are the data considered sensitive, or do the data contain confidential information?

☐ **No** (if “No,” please skip to Section III, Question 9)

☐ **Yes** (if “Yes,” please continue)

If “Yes,” which categories of sensitive or confidential information are included in the outgoing dataset:

- i. ☐ Vulnerable or at-risk populations (e.g., children, elderly, pregnant women, refugees, prisoners, COVID-19 sufferers)
- ii. ☐ Mental health or psychiatric disorders
- iii. ☐ Drug dependency or physical abuse
- iv. ☐ Sexually transmitted diseases or sexual orientation
- v. ☐ Rare or unique diseases
- vi. ☐ Other (if “Other,” please explain):
- vii. ☐ **None of the above**

9. Are any deliverables expected from the data recipient?

☐ **No** (if “No,” please skip to Section III, Question 10)

☐ **Yes** (if “Yes,” please list the deliverables):

10. How should the dataset be handled by the data recipient at the conclusion of the project and/or expiration of the DUA (e.g., return, destroy, destroy but retain one copy)?

11. How will the recipient access the data?

- a. ☐ Paper
- b. ☐ Thumb-drive / Hard drive
- c. ☐ Electronic portal: download
- d. ☐ Electronic portal: view only
- e. ☐ Electronic transfer
- f. ☐ CD/DVD-ROM
- g. ☐ Other (if “Other,” please explain):

12. Where will the data be sent and who will receive access?

- a. Name, physical address, and email of data recipient:
- b. Authorized users of KSU’s data:

13. Are there any specific data security requirements that the data recipient must follow (e.g., encryption, passwords)?

☐ **No** (if “No,” please skip to Section III, Question 14)

☐ **Yes** (if “Yes,” please explain):

14. **Do you expect the data recipient will link the outgoing dataset with any other datasets?**

☐ **No** (if “No,” please skip to Section III, Question 15)

☐ **Yes** (if “Yes,” please explain):

15. **Will KSU’s data be shared with any other outside parties** (e.g., third-party collaborators)?

☐ **No**

☐ **Yes** (if “Yes,” please list the third-party collaborators):

End of Form