**Data Use Assent Instructions and Template**

This Data Use Agreement is necessary under either of the following conditions:

* You require authorization to access or utilize a data set for research.
* Your access to the data set is through your role as an employee, volunteer, etc.

For those needing a Data Use Agreement for their data set, please adhere to these instructions to complete the template for your research:

1. Draft a separate agreement for each private data set you intend to use or request.
2. Complete the sections highlighted in blue and then remove the highlighting.
3. Eliminate the [instructions in parentheses].

**Data Use Assent Template**

[If the data set is publicly accessible online (account creation or login required), this form is not necessary. This agreement is solely for private data sets requiring permission from a person or organization for access and/or research use.]

**Researcher**: [your name], BeyondBound (BB), [you email and phone number]

**Data Owner:** [contact name, owning institution/organization, contact’s email, and phone number]

**Data Content:**

[Summarize in under six sentences the type of information the data set includes. This summary should help the IRB reviewer understand the data content]

The data encompasses:

* Personally Identifiable Information (PII) Yes or No
* Personal Health Information (PHI) Yes or No
* Limited Data Set (LDS) as per 45 CFR 164.514(e) Yes or No
* De-Identified information Yes or No
* Proprietary Information Yes or No
* Genomic data Yes or No
* Bio-specimens Yes or No

**Data Usage:**

[In under six sentences, explain the rationale behind the data transfer or how the shared data will be utilized, including potential sharing for dissertation, presentations, publications, etc.].

**Data Receipt Timing:**

[Specify when and under what conditions the data will be provided, including a stipulation that data will not be transferred until IRB approval is received].

**Data Receipt Method:**

[Detail how and from where you will access or receive the data, such as a specific location (hospital, school) or if the data will be sent to you or needs to be retrieved from the organization].

**Data Protection: Outline how you will secure the data, including detailed steps for de-identification if applicable.**

[Provide a detailed description of the data de-identification process, ensuring it is specific to this agreement and not copied from your proposal].

**Signature**

[Add your signature and the data owner’s signature below, either handwritten or typed, ensuring all contact details for the data owner are included]

I confirm the accuracy of the provided information.

Researcher Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Owner Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_