



Joint Clinical Trials Office

DATA USE AGREEMENT ROUTING FORM

Routing Form to Accompany Data Use Agreements

Please complete and email this form, together with an editable (Microsoft Word, no PDFs) copy of the draft Data Use Agreement (unless WCMC will provide the template), to JCTOcontracts@med.cornell.edu. If applicable, please include any supporting documents including protocols or statements of work in your email to the JCTO.

Date: _____ Principal Investigator: _____

Study Title: _____

DESCRIPTION OF DATA

Sending Receiving Sending and Receiving

What type of data is being shared/transferred? _____

Choose a data type:

- limited data set
- de-identified data
- identifiable data that has more identifiers than a limited data set

If WCMC is providing the data, is WCMC completely transferring all ownership rights to the data

- Yes
- No
- Not Applicable

If you are transferring data, please indicate who in the IRB and department has authorized the transfer:

CONTACT INFORMATION AND OTHER IDENTIFYING INFORMATION

Department Information

Contact name: _____

Contact phone number: _____

Contact email: _____

Sponsor

Contact name: _____

Contact phone number: _____

Contact email: _____



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Is the data sharing/transfer supported by funds from any for-profit company?

- Yes
- No
- Not Applicable

If yes, please give the name of the company and agreement involved: _____

Will the data sharing/transfer be used in conjunction with federal, state, or local funding?

- Yes
- No
- Not Applicable

If yes, please list agency involved: _____

Is the data sharing/transfer subject to consulting, licensing, or other obligations to another institution, corporation, or business entity?

- Yes
- No
- Not Applicable

If yes, please give the name of the company and agreement involved: _____

Will the data be commingled with any other material?

- Yes
- No
- Not Applicable

If yes, please give the source of the other material

Does your material involve human subjects?

- Yes
- No
- Not Applicable

WCMC IRB REVIEW

Please provide IRB Protocol number if applicable: _____

IRB Protocol approval and dates: _____

Does your material involve laboratory animals?

- Yes
- No

DATA AND INTELLECTUAL PROPERTY

Will the scope of work involve any existing intellectual property?

- Yes
- No
- Not Applicable



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On a scale of 1-10 please indicate probability of intellectual property evolving from the data use/transfer using a range of representation from (not at all likely) to 10 (extremely likely): _____

I am aware of and agree to adhere to the obligations and restrictions imposed by the Data Use Agreement covering the data.

Yes

No

List all faculty, students and trainees who will be working with the data, and include Name and Signature of each such person (please date signature)
