



NYU Data Use Agreement (DUA) Checklist

The NYU DUA Checklist is to be used when submitting DUA documents/requests. Please submit the completed form along with any required attachments to osp.agency@nyu.edu

A. General Information	Name	Email	Phone
NYU Principal Investigator			
NYU Programmatic Contact			
NYU Administrative Contact			
NYU IT Contact			
Provider/Recipient Institution			
Provider/Recipient Contact			
Project Title:			

B. Questions							
1	Are you providing or receiving data? <input type="checkbox"/> Providing <input type="checkbox"/> Receiving <input type="checkbox"/> Both Providing and Receiving						
2	Does the data contain information collected from human research subjects? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3	Do you have NYU IRB / sIRB approval or a determination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending IRB Protocol Number: _____						
4	Does the data contain any identifiers, individually identifiable health information or protected health information (PHI)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Section C						
5a	If NYU is the Recipient, how will you fund the research to be conducted with the data?						
5b	If NYU is the Provider, how was the research funded that generated the data? If the data originated from multiple projects or sources, please list below.						
5c	Provide the following, as applicable:						
	<table border="1"> <thead> <tr> <th>Sponsor</th> <th>Grant/Contract Number</th> <th>Cayuse Reference Number</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sponsor	Grant/Contract Number	Cayuse Reference Number			
Sponsor	Grant/Contract Number	Cayuse Reference Number					
8	Has a data agreement, draft or otherwise, been provided by the collaborator? <input type="checkbox"/> Yes, a copy has been included with the attachments <input type="checkbox"/> No, we are currently awaiting a copy of the agreement from the collaborator <input type="checkbox"/> No, NYU will need to draft an agreement						
7	If the Recipient, will NYU be sharing data with any additional parties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate with whom and what Data will be shared:						

B. Questions (continued)

10 Will the data be used in conjunction with other research?

Yes No If yes, please reference the research below:

11 Attachments Checklist

- If NYU is the Provider, please attach a project description that details work to be done by Recipient with the data when submitting this form.
- If NYU is the Receiver, please attach a project description that details work to be done by NYU with the data when submitting this form.
- Please attach any DUA Agreement or other project related documents received when submitting this form.

C. Human Subjects Data Classifications

1 HIPAA Personally Identifiable Information (PII): Please indicate any characteristics of the data set below:

PII may be used alone or with other sources to identify an individual. PII in conjunction with medical records (incl. payments for medical care) becomes Protected Health Information (PHI). A data set containing any of these identifiers, or parts of the identifier, is considered "identified".

- Name (including initials)
- Address (all geographic subdivisions smaller than state: street address, city, county, zip code)
- All elements (except years) of dates related to an individual (including birthdate, admission date, discharge date, date of death, and exact age if over 89)
- Telephone numbers
- Certificate or license number
- Medical record number
- Any vehicle identifiers, including license plate
- Health plan beneficiary number
- Device identifiers and serial numbers
- Fax number
- Web URL
- Email address
- Internet Protocol (IP) Address
- Social Security Number
- Finger or voice print
- Account number
- Photographic Image (Not limited to images of the face)
- Any other characteristic that could uniquely identify the individual

2 HIPAA Limited Data Set - Please indicate any of the below characteristics for the data:

****HIPAA Limited Data Sets must omit all HIPAA PII identifiers except the below characteristics****

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

3 HIPAA De-identified Data - Please indicate any of the below characteristics for the data:

****HIPAA De-identified Data sets must omit HIPAA PII identifiers with the following caveats****

- All geographic subdivisions smaller than a state, except for the initial three digits of the ZIP code
 - The geographic unit formed by combining 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

C. Human Subjects Data Classifications (continued)

4 FERPA Personally Identifiable Information - Please indicate any of the below characteristics for the data:

In the context of FERPA, PII includes, but is not limited to the following characteristics

- Student's name
- The name of student's parent(s) or other family members
- Address of the student or student's family

A student's personal identifiers, such as:

- Social Security Number
- Student Number
- Biometric record (i.e. finger or voice print)

A student's other indirect identifiers, such as:

- Birthdate
- Place of birth
- 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, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty
- 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

D. European Union General Data Protection Regulation (GDPR)

1 Has data been obtained from participants while they were in the European Union (EU) or the European Economic Area (EEA), including data collected online?

- Yes No

2 Is the data obtained from participants in the EU or EEA identifiable, including the following categories?

- Yes No
- Names, including those of relatives or acquaintances.
- Address (including any geographic location containing fewer than 20,000 people)
- All elements of dates (except years) that directly relate to an individual (ex. birth date, graduation date) and all ages over 89
- Telephone numbers and fax numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers.
- Email addresses
- National identification number (ex. social security number)
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) addresses
- Medical or educational record numbers
- Biometric Identifiers, including finger and voice prints
- Social media account information
- Photographs containing information that could potentially identify an individual (ex. face, tattoos, markings)
- Any other unique identifying number, characteristic, or code
- Any other information that could be used alone or in combination to identify an individual.

3 If Qualtrics was used to collect data from participants in the EU/EEA, was the Anonymize Response option selected to prevent internet Protocol (IP) addresses from being collected?

- Yes, the Anonymize Response option was used in Qualtrics (ex. IP addresses will NOT be collected)
- No, the Anonymize Response option was not used in Qualtrics (ex. IP addresses will be collected)
- Not applicable - Qualtrics was not used to collect data from participants in the EU/EEA