INCOMING DATA TRANSFER AGREEMENT QUESTIONNAIRE

Certain information is required to process and execute your Data Transfer Agreement (DTA). To avoid any delays with your DTA, please complete all of the fields below.

Please forward by email (1) an electronic WORD copy of the DTA, (2) the completed questionnaire and (4) any relevant correspondence to OTT-MTA@emory.edu.

Please note we will contact you if additional information or original signed documents are necessary.

Principal Investigator Information:

(The Principal Investigator is the Emory faculty member/senior investigator under whose direction the research with the materials will be conducted)

Name of recipient scientist:	
Phone:	Email address:
Department:	
Mailing address:	

Provider Information:

Name of providing institution or company:	
Name of providing scientist:	
Phone:	Email address:
Name of Contracting Officer *who provided the DTA:*	
Phone:	Email address:
Mailing address:	

Funding Information:

Please indicate the funding source and grant/contract number for this study:

Data Information:

1. Brief description of the Data:
2. Provide a brief but complete description of the proposed research with the Data:

3. Will the Data be used in conjunction with any Emory proprietary data or any other data received from a third party, another institution and/or company? ☐ Yes ☐ No
If yes, please identify the other third party data, where they were obtained from and briefly describe how they will be used with the incoming Data?
4. Has applicable IRB approval been obtained for the research you will conduct using the Data? ☐ Yes ☐ No
5. Have you read, and do you understand and agree to comply with any and all security parameters that are contained in the DTA? ☐ Yes ☐ No
6. Do you anticipate any new inventions will be developed from the use of the Data? ☐ Yes ☐ No
If yes, please describe the anticipated inventions or discovery (e.g., will invention incorporate the Data, be an entirely new product, new use of the existing product, cell line etc.?)

DTA Checklist:

☐	Contact information of the Contracting Officer who provided the DTA.
☐	Electronic copy of the DTA, if received. (send to: OTT-MTA@emory.edu)
☐	One (1) signed copy of Data Transfer Agreement Questionnaire.

I certify that all the information provided above is accurate and up to date.

Signature of the Principal Investigator: (who is the grant recipient)