

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 (3) any relevant correspondence to OTT-MTA@emory.edu.

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 :	Emory Employee ID: (Please do not provide SSN)
Mailing address:	

Provider Information:

Name of providing institution or company:	
Name of providing scientist:	
Phone:	Email address:
Name of DTA/DUA specialist at providing institution:	
Phone:	Email address:
Mailing address:	

Funding Information:

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

1. Brief description of the Data:

<p>2. Provide a brief but complete description of the proposed research with the Data, including the name of the research study if applicable:</p>
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<p>3. Will the Data be used in conjunction with third party data?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, please identify the third party or sponsor and briefly describe how the third party data will be used with the incoming Data?</p>
<p>4. Has applicable IRB approval been obtained for the research you will conduct using the Data?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Have you read, and do you understand and agree to comply with any and all data security parameters that are contained in the DTA?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Do you anticipate any new inventions will be developed from the use of the Data?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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.?)</p>

DTA Checklist:

<input type="checkbox"/>	Advise Emory's Contract Specialist of any time-sensitive / urgent deadlines for this DTA.
<input type="checkbox"/>	Send electronic .doc copy of the DTA template to: OTT-MTA@emory.edu
<input type="checkbox"/>	Send <u>signed</u> copy of (this) Incoming Data Questionnaire to: OTT-MTA@emory.edu

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

<p>Signature of the Principal Investigator: (who is the grant recipient)</p>
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