**Instructions**: Please provide a signed copy of this intake form

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| **UNO INFORMATION** | |
| Principal Investigator: | Project title: |
| Term of Agreement: |  |

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| **DATA PROVIDER** | |
| Name of Institution: | |
| PI/Research Collaborator: | Email: |

1. **Please provide a brief project description, including the confidential or protected information to be received from Provider (“Data”) and the purpose for which the Data will be used.**

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1. **Will the Data be used in conjunction with research projects other than those listed above?**

Yes  No

* **Has Provider given written authorization?**  Yes  No  Not applicable
* **Please list the other research which the Data will be used**:

1. **Is UNO receiving the Data?**  Yes  No
2. **Is UNO providing the Data?**  Yes  No
3. **Is the Data owned by a third party other than the Data Provider?**  Yes  No
4. **Is this Agreement connected to a MavGrants file (sponsored project)?**  Yes  No

* **If yes, please provide MavGrants Form or Project ID Number**:

1. **Please describe how the Data will be stored:**

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| **NOTE**: Storage for Sensitive Data in SharePoint preferred. All drives storing Data must be encrypted. *Data should not be stored on personal computers under any circumstances*. Please refer to [Executive Memorandum No. 41 – Policy on Research Data and Security](https://nebraska.edu/offices-policies/policies/no-41-policy-on-research-data-and-security) regarding research data security requirements. Researchers can submit [Data Storage Request](https://its.nebraska.edu/data-storage/storage-options) if needed. |

1. **Does the Data contain information collected from human subjects?**  Yes  No

* **If yes, has IRB approved protocol or exemption notification been provided to the Office of Research and Creative Activity?**  Yes  No
* **If unsure, has the researcher contacted the IRB to determine whether the project is considered Human Subject Research**?  Yes  No

1. **Does the Data contain any identifiers, individually identifiable health information, or protected health information (PHI)?**  Yes  No

* **If yes, please state the type of PHI included in the Data**:
* **Has the researcher contacted the University HIPAA Compliance Officer the University Privacy Officer?**  Yes  No

1. **Please list the names and titles of UNO personnel or students who will be accessing the Data:**

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1. **Does the Researcher expect that the Data be transferred to any non-UNO personnel?**  Yes  No

* **If yes, please provide the name of the institution and principal investigator of non-UNO personnel receiving Data**:
* **Has Provider given written consent to the transfer to persons outside UNO?**  Yes  No

1. **Does the Data include trade secrets?**  Yes  No
2. **The Provider or funding source of the Data require the following limitations or restrictions:**

* **Prior Approval for Dissemination/Publication of research using Data**:  Yes  No
* **Restrictions on Access or Participation by Foreign Nationals**:  Yes  No
* **Export Control Restrictions (EAR or ITAR)**:  Yes  No

1. **Do you anticipate that any inventions or intellectual property may be developed from the use of the Data?**  Yes  No
2. **At the conclusion of the project, please describe the disposition of the Data:**

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1. **The Principal Investigator has reviewed the agreement if one has been provided:**  Yes  No  Not applicable

**Once completed, the Principal Investigator should send a copy of the completed form and a copy of the draft agreement, if any, to** [**researchcompliance@unomaha.edu**](mailto:researchcompliance@unomaha.edu)**.**