Office of Biotechnology and Business Development
Request for an Outgoing Data Use Agreement (DUA) and/or an
Outgoing Material Transfer Agreement (MTA)

1. Einstein Investigator’s Name:

2. Name of Collaborating Institution:

3. What is the state of the specimens and/or data that you will be sending?

☐ Limited Data Set – (A human specimen or data set that contains ONLY one or more of the following 18 HIPAA identifiers: dates such as admission, discharge, service, DOB, DOD; city, state, five-digit or more zip code; and/or ages in years, months or days or hours.

☐ Identifiable - (A human specimen or data set that contains identifiers beyond those listed in the Limited Data Set description that makes it possible for the investigator to link the specimen or data set back to the original donor or research subject.)

☐ De-identified - (A human specimen that contains none of the 18 identifiers defined by the HIPPA regulations and cannot be linked back in any way to the original donor. The 18 HIPAA identifiers consist of the following data elements: Name; Address; All Elements of dates (except year); Telephone Number; Fax Numbers; E-mail Addresses; Social Security Number; Medical Record Number; Health Plan Beneficiary Number; Account Number; Certificate/License Number; Vehicle Identifiers and Serial Numbers including License Plate Numbers; Device Identifiers and Serial Numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) Address Numbers; Biometric Identifiers including Voice/Fingerprints; Photos; or other unique number, characteristics or code (except as specified in ‘Coded’ below))

☐ Coded - (A human specimen or data set that is recorded in such a manner that subjects cannot be identified by the researcher directly or through identifiers linked back to the original donor. The code must not utilize any personal information of the subject and may not include any of the 18 HIPAA identifiers listed in ‘De-Identified’, any subject initials or the last 4 digits of the Social Security number, etc.)

NOTE: If the specimens or data will be coded, confirm that “the key will not be released.”
I confirm that the key to decipher the code will not be released to the consultants or collaborators under any circumstances. Initial: 

4. EINSTEIN Investigator’s Signature: ___________________________ Date: __________

Einstein IRB Review and Approval:
5. Einstein IRB iRIS ID#:

6. Einstein IRB Director or Associate Director Approval: ___________________________ Date: __________

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