DATA TRANSFER DISCLOSURE FORM

For internal use only

*This form needs to be completed prior to the internal drafting/review of a Data Transfer Agreement.*

***Guidance for completion of the form is provided below.***

# GUIDELINES ON THE COMPLETION OF A DATA TRANSFER DISCLOSURE FORM

Please submit electronically in Word format when logging request with researchcontracts@uct.ac.za

When submitting this form to researchcontracts@uct.ac.za for logging, please include a full description of the project in which the Recipient will utilise the Data, on a separate word document, alternatively, the project proposal, if any.

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| **UCT Principal Investigator (PI):** | **Name of Other Company/Institution** (*with whom you are sharing/receiving data*): |
| **UCT Departmental Administrative Contact:** | **Company/Institution Contact for Contracts/Legal Issues:****Email Address (REQUIRED):** |
| **Project Title:** | **Company/Institution PI Name:** |
| Description of the project/permitted use of data (See Note 1 on page 3. Attach additional pages as necessary): |
| Describe data being provided or accessed under this Agreement (See Note 2 on Page 3. Attach additional pages as necessary):  |
| Is there any reimbursement of costs anticipated for UCT or the other party? Yes No If yes, should it be included in this agreement? Yes No If yes, please provide budget and payment details (attach additional pages if necessary):  |

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| Will the data be included in a data registry/repository? Yes No If yes, is UCT hosting the registry? Yes No  |
| How many data sets will be transferred? Data from how many individuals will be transferred? |
| What is your source of funds for this project Are you aware of any other contractual obligations associated with this project that RCI should be aware of? Yes No : If yes, please provide description:  |
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| --- | --- |
| **UCT Receiving Data** | **UCT Providing Data** |
| Is UCT receiving data? Yes No If yes, complete this column: | Is UCT providing data? Yes No If yes, complete this column: |
| Is the Data being transferred as part of a clinical trial / collaboration or other related agreement?If so, please provide the UCT contract reference | Is the Data being transferred as part of a clinical trial / collaboration or other related agreement?If so, please provide the UCT contract reference |
| What is the source of funds you are using to do the research with this data?  |  |
| Do you intend to share the results of your research/project back with the provider? Yes No  | Do you require the recipient PI to share the results backwith you? Yes No  |
| Preferred data transmission mode (select one):* electronically or ☐ by mail. Address (email or physical):
 | Preferred data transmission mode (select one):* electronically or ☐ by mail. Address (email or physical):
 |
| If there are physical storage requirements, please provide details: (ex. locking procedure, workstation to be used, or office security measures): If there are electronic security standards, | Are you aware of any restrictions or confidentiality obligations that would impact sharing of this data, (including security standards)?Yes No If yes, please explain:  |
| Are there any other requirements for the exchange? ex. sponsor acknowledgment,Yes No Return/destruction instructions Yes No Authorship expectationsYes No If yes, please explain:  | Do you have any other requirements for the exchange? ex. sponsor acknowledgment,Yes No Return/destruction instructions Yes No Authorship expectationsYes No If yes, please explain:  |

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| What is the IP arrangement?  | What is the IP arrangement?  |
| Will or could the Data be used for commercial purposes? Yes . No If Yes please elaborate | Will or could the Data be used for commercial purposes? Yes . No If Yes please elaborate |
| Will the Data need to be transfer the on to a third party either during or after use of the Data?Yes . No If Yes please elaborate | Will the Data need to be transfer on to a third party either during or after use of the Data?Yes . No If Yes please elaborate |
| Please list any IRB#s associated with the use of the data (if applicable): IRB#  | Will Recipient’s use of the Data include the training of an algorithm, machine learning or any other AI development?Yes No : If yes, please describe:  |
| Please list any other employees of UCT who require access to this data (i.e. students, research assistants, etc): |  |

# Note 1) Instructions for Completion of Project Description:

This section should provide sufficient information such that each party understands the project that the Recipient will perform using the Data. Content of this section will be very similar to the Statement of Work used in other types of Agreements. Examples of information that should be provided include:

* Objective or purpose of the Recipient’s work
* A general description of the actions to be performed by the Recipient using the Data and possibly the anticipated results
* Include whether or not the Recipient is permitted to link the Data with other data sets (If yes, be sure to include any special disposition requirements related to the linked data sets).

# Note 2: Instructions for Completion of Data Description:

This section should provide sufficient information such that each party understands the information that will be transmitted under this DUA. Examples of information that should be provided include:

* Whether the data is obtained from human subjects and, if so, a description of the age, gender, population included in the data.
* If the data is from animal subjects, the species of animal the data was obtained using.
* If not from human or animal subjects, a description of the focus of the data.
* The number of subjects and/or experiments included
* Name of the study that the data was obtained under

If there is a particular study that needs to be acknowledged/cited as the source of the data, this information should be included here. Also include here reference to any specific method that will be used to transfer the data to the Recipient.