Please email completed form to orso@wsu.edu. The questions may also be copied and pasted directly into the email if you prefer.

* If confidential WSU information related to developing intellectual property is being disclosed, a future invention disclosure, or patent application please cc the Office of Commercialization at commercialization@wsu.edu,or the technology licensing associate working on the project.
* If the other Party has provided a draft agreement, please attach to email, too.

**DUA Type - check one: How the Data will be exchanged:**

[ ] This is a one-way DUA [ ]  Electronically

[ ] This is a reciprocal DUA (two-way sharing) [ ]  By Mail (address in section below)

[ ] This is a collaborative DUA (more than two-way)

**Who will be disclosing confidential/proprietary information?**

[ ]  **WSU only** [ ]  **Provider only** [ ]  **Both**

**WSU Requesting Principal Investigator Information**:

Name:

Phone:

Email:

Location/College/Department:

Cost Center Region (Pullman, Spokane, etc.):

\*Cost Center Hierarchy (College of Vet Med, CAHNRS, etc.):

\*Cost Center (Crops and Soils, Paul G. Allen School, etc.):

 \*Indicates the cost center numbers that are needed

**Collaborating Organization Information #1:**

Organization Name:

Website:

Physical Address (**full**):

Researcher’s Contact Name and Title:

Point of Contact Email and Phone:

**Collaborating Organization Information #2 (if applicable):**

Organization Name:

Website:

Physical Address (**full**):

Researcher’s Contact Name and Title:

Point of Contact Email and Phone:

**What is the purpose of the information exchange?**

**Date DUA needed:**

Please briefly describe any time constraints.

**Is this a new DUA, or a revision of an existing DUA?** [ ]  New [ ]  Revision

If revision, please include ORSO number:

**Will the information be used as part of a funded project?** [ ]  Yes [ ]  No

If yes, please list the ORSO number:

**Does any WSU employee working on this project have a financial relationship or financial interest with the other party to this DUA, or holds a management position, or participates in the day-to-day operations?**

If yes, please explain: [ ]  Yes [ ]  No

**Does this project involve:**

**Human subjects?** [ ]  Unsure[ ]  Yes [ ]  No

 Approved IRB#: [ ]  IRB pending

**Personal Identifiable Information (PHI), or other HIPAA-related data?** [ ]  Yes [ ]  No

**Personally Identifiable Information (FERPA)?** [ ]  Yes [ ]  No

**Personally Identifiable Information (Common Rule only\*)?** [ ]  Unsure [ ] Yes [ ]  No

**De-identified data about human subjects?** [ ]  Yes [ ]  No

**Does this project involve animals?** [ ]  Unsure[ ]  Yes [ ]  No

 Approved IACUC# [ ]  IACUC# pending

**Does this project require compliance with regulations – e.g. ITAR, EAR, or FAR clauses?**

[ ]  Unsure[ ]  Yes [ ]  No

**Will any publications be derived from this agreement?** [ ]  Yes [ ]  No

**How likely is it that a new discovery, invention, process, biological material, or research tool might result from this data?** [ ]  Very Likely [ ]  Likely [ ]  None

**Have you already or do you plan to disclose any information relating to an invention disclosure, patent filing, or any IP agreement pending or on file?** [ ]  Yes [ ]  No

 If yes provide the tech number:

\* Identifiable information (even if sensitive) is recorded, provided that an IRB determines through limited review that, when appropriate, there are adequate privacy and confidentiality protections in the study.