



Research Operations
960 Massachusetts Avenue, 2nd Floor
Boston, MA 02118-2690
DUA.MTARequest@bmc.org

Intake Questionnaire

☐ Data Use Agreement
☐ Material Transfer Agreement

Before **sending out** data and/or materials to any third party, including NEIDL or BU, please (1) complete the following questionnaire, (2) provide or attach a list of data variables or materials involved, as applicable and (3) send all information and documents to DUA.MTARequest@bmc.org. **A separate request is required for each unique third-party Recipient.** (NOTE: **This form is not intended for receiving data and/or materials from an external party pursuant to a data transfer and use or material transfer agreement, which must be provided by the external Provider.**)

Date Completed:

Provider: ("Covered Entity")	Boston Medical Center Corporation			Recipient:			
BMC Department:				Recipient Address:			
Division							
Requesting Scientist:				Recipient Scientist:			
Requester Title:				Recipient Title:			
Requester Email:				Recipient Email:			
Administrative Contact:				Administrative Contact:			
Admin Email:				Admin Email:			
Project Title:				Agreement Term			
				Start Date:		or	
				End Date		or	
H# / IRB # (if applicable):		IBC # (if applicable):		Transfer Costs:	<input type="checkbox"/> None or <input type="checkbox"/> Agreement Amount		
					\$		

1. REQUEST SUMMARY

- a. **High-level summary of project** (include description of approvals already received, e.g., IRB, COVID Human Subjects Research Committee, etc.):

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b. **Purpose**

- i. Briefly describe the purpose of the transfer and the anticipated use of the data or materials:

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- ii. Does Requesting Scientist or Recipient anticipate publishing the results of the research using the data or materials transferred? No Yes | If so, is joint publication with Recipient anticipated? No Yes

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2. TRANSFER DETAILS

- a. Purpose of transfer and individuals/organizations involved:

- b. Method of transfer (describe briefly):

☐ Electronic or ☐ Physical Shipment

Include the receiving address for physical shipments if different from Recipient's address indicated previously and any special handling details (e.g., overnight shipment, packed in dry ice, etc.).

3. AGREEMENT DETAILS

- a. **A separate request for each type of agreement and unique third-party Recipient is required.**

- b. Does this transfer agreement involve or is it part of a sponsored research grant, subaward or subcontract? ☐ No or ☐ Yes (if so, complete below)

i. Project Title: _____

ii. Sponsor: _____ Award Status _____ InfoEd#: _____

4. DESCRIPTION OF ITEMS BEING TRANSFERRED

☐ Data or ☐ Tangible Material

- a. If DATA

Describe below or attach a description to this questionnaire:

- i. List all variables and data being transferred (additional space is provided at the end of this form):

<input type="checkbox"/> HIV Status/Testing Results	<input type="checkbox"/> Social Worker Communications	<input type="checkbox"/> Consent for Abortion
<input type="checkbox"/> STI / STD Status	<input type="checkbox"/> Sexual Assault Victims' Counseling	<input type="checkbox"/> Genetic Test Results
<input type="checkbox"/> Alcohol & Drug Abuse Records	<input type="checkbox"/> Domestic Violence Victims' Counseling	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

ii. Check any of the following eighteen (18) HIPAA identifiers that will be shared:

<input type="checkbox"/> Names	<input type="checkbox"/> Telephone Numbers	<input type="checkbox"/> Fax Numbers
<input type="checkbox"/> Email Addresses	<input type="checkbox"/> Internet Protocol (IP) addresses	<input type="checkbox"/> Web URLs
<input type="checkbox"/> Social Security Numbers	<input type="checkbox"/> Health plan beneficiary numbers	<input type="checkbox"/> Account Numbers
<input type="checkbox"/> Medical Record Numbers	<input type="checkbox"/> Device identifiers and serial numbers	<input type="checkbox"/> Certificate/License Numbers
<input type="checkbox"/> Full face photographs and/or any comparable photographic images not limited to images of the face		
<input type="checkbox"/> Addresses (including geographic subdivisions smaller than a state , including street address, city, county, precinct, zip code and their equivalent geocodes)		
<input type="checkbox"/> All elements of dates (except year) for dates directly related to a patient or subject, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older		
<input type="checkbox"/> Vehicle identifiers and serial numbers, including license plate numbers		
<input type="checkbox"/> Biometric identifiers, including finger and voice prints (i.e., the visual output of a spectrogram)		
<input type="checkbox"/> Any other unique identifying number, characteristic, or code, including (a) clinical trial record number and (b) device model number unique to the patient's device that could uniquely identify an individual.		

b. If **MATERIALS**

Describe below or attach a description to this questionnaire:

1. Does BMC own the invention or patent rights to the materials? ☐ No or ☐ Yes (if so, explain)

2. Are the materials infectious or hazardous? ☐ No or ☐ Yes (if so, explain)

3. Do the materials involve any of the following (if "Yes" to any item below, provide explanation):

- | | |
|---|---|
| a. Recombinant DNA or synthetic nucleic acid molecules | <input type="checkbox"/> No or <input type="checkbox"/> Yes |
| b. Biological toxins including select agent toxins | <input type="checkbox"/> No or <input type="checkbox"/> Yes |
| c. Inactivated Biological Samples derived from BSL-3 or BSL-4 agents | <input type="checkbox"/> No or <input type="checkbox"/> Yes |
| d. Attenuated pathogens derived from BSL-3 or BSL-4 agents | <input type="checkbox"/> No or <input type="checkbox"/> Yes |
| e. Human gene transfer | <input type="checkbox"/> No or <input type="checkbox"/> Yes |
| f. Transgenic animals or plants | <input type="checkbox"/> No or <input type="checkbox"/> Yes |
| g. Hazardous biological agents (virus, bacteria, fungi, parasite, prion, rickettsia etc.) | <input type="checkbox"/> No or <input type="checkbox"/> Yes |

- h. Other potentially infectious materials (human or non-human primate blood, serum, plasma, body fluids, unfixed tissue, organ and cells) ☐ No or ☐ Yes
- i. Sheep and any tissues derived from them (these tissues can transmit *Coxiella burnetii*, the causative agent of Q-fever) ☐ No or ☐ Yes
- j. Field studies with wild animals and their tissues inherently infected or would be experimentally infected with BSL-2 or higher agents ☐ No or ☐ Yes

4. **IBC Review.** If the materials involve any of the above (3a–3j), has the protocol been reviewed and approved by the Institutional Biosafety Committee (“IBC”)? (If “No”, explain) ☐ No or ☐ Yes ☐ N/A

See information on IBC review here: <https://www.bu.edu/researchsupport/compliance/ibc/about-the-ibc/application-review-and-approval/>

If “Yes”, please provide IBC review number: _____

c. SOURCE OF DATA AND/OR MATERIALS

- i. Was/were the data/material(s) to be transferred collected for any study under the BU/BMC IRB# indicated on the first page? ☐ No or ☐ Yes

If “No”, provide the BU/BMC IRB# under which the data/material to be transferred had been collected: BU/BMC IRB#(s): _____

Was/were the data/material(s) to be transferred obtained pursuant to a signed consent form? (If “No”, explain) ☐ No or ☐ Yes

- ii. Describe the provenance/original source of the data/material to be transferred (e.g., BMC clinical data, leftover clinical samples, samples or data obtained from repository, etc.)? Does BMC own the original material? If not, what institution owns the original material? (*BMC cannot transfer original material it does not own without permission from the institution that owns the original material.*)

5. DISPOSITION REQUIREMENTS UPON TERMINATION OF AGREEMENT

- a. Are there specific instructions for the Recipient to dispose of the data and/or materials after termination of the agreement (i.e., destroy, return, erase data; sacrifice/destroy materials, etc.)?

6. OTHER INFORMATION AND DETAILS

- a. Are there other important details or information about the transfer that require consideration or clarification?

Additional List of Data Elements Being Transferred (continued from Section 4.a.i, if necessary)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____