

**Date Approved: June 14, 2013**

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**DATA REQUEST FORM**

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Please attach the following form to the signed Data Use Agreement. Be very specific, providing as much detail as possible. Attach additional sheets as necessary.

**Data requested:**

**Purpose:**

**Define Analysis Subset or Group:**

**Proposed Analysis:**

**Role of the New Jersey Collaborating Center for Nursing in the analysis:**

**File Format and Method of Delivery Requested:**

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## DATA USE AGREEMENT

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This Data Use Agreement is made and entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ (“The Center”), and \_\_\_\_\_ (“Data Recipient”)

1. The Data Recipient has read and agrees to the data use policy approved by the Center’s Executive Board.
2. The Center reserves the right to decline requests which do not uphold the integrity of the data as determined by the Center.
3. Data Recipient agrees to ensure that data will not be sold or transferred to another individual/agency.
4. The Data Recipient will submit an approval letter from an Institutional Review Board (If applicable).
5. The acquisition of data does not, in any way, constitute endorsement by the New Jersey Collaborating Center for Nursing. The following disclosure statement must be included as a part of all written and oral reports, publications, and presentations:

*The data for this analysis were provided by the New Jersey Collaborating Center for Nursing. The Center did not take part in, nor endorse, any data analysis or interpretation set forth herein.*

6. It is agreed that the Data Recipient specified herein will follow the stipulations and conditions stated above and will submit full payment for reimbursement of actual costs of supplying data, if applicable, within 30 days of invoice date.

Data Recipient Name: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

Faculty Sponsor Name (if applicable):  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

NJCCN Center Designee: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_