Data Use Agreement

Signature Block Tutorial

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives effective as of the day and year set forth above.

UNIVERSITY OF UTAH ("Covered Entity") By:(Signature) Name:(Please Print)	("Data Recipient") By: (Signature) Name: (Please Print)	
Title:	Title:	
"Principal Investigator" at University Of Utah By: (Signature) Name:(Please Print)	Our institutional official. This is usually the VP for Research. The IRB can help you get this signed.	This is the person receiving the data. This is the person we are sending the data to outside of the University. This
(Please Print) Position: Department:	Principal Investigator of the IRB application	document is written assuming this is the scenario. Adjustments must be made when we are the data recipients.