



CONTRACT REQUEST FORM

For research related contracts not involving an exchange of funds or payments
(for sponsored research projects, use the [Research Project Information Form](#))

When complete, please submit this form to: srg@uilo.ubc.ca

ALL SECTIONS MUST BE COMPLETED

A. UBC Faculty Member

Name:	Department / Division:
Faculty:	Academic Rank:
Email Address:	

B. Collaborator / Party UBC will be contracting with

Organization:	
Contact Name:	
Email address:	Tel:
Address:	

C. Project Location

Indicate the main institution where the project will be undertaken

UBC Vancouver Campus	UBC Okanagan Campus
Interior Health Authority	Vancouver Coastal Health Care Research Institute
BC Cancer Agency	Providence Health Care Research Institute
BC Centre for Disease Control	Women's Health Research Institute
BC Children's Hospital Research Institute	BC Mental Health & Addictions Research Institute

D. Project Information

- i. Project title:
- ii. Please attach proposal / workplan / protocol. Attached Not applicable
- iii. Are students involved in the project? No Yes – please indicate Graduate Undergraduate
- iv. UBC FAS/PG/SpeedChart associated with the Project and/or the data, information or materials to be transferred (list all):
- Not applicable
- v. Compliance requirements (<https://ors.ubc.ca/compliance-reporting/compliance-requirements>):
- Human Research Ethics Certificate / Application #: H
- Animal Care Certificate / Application #: A
- Biosafety Certificate / Application #: B
- Radiation Safety Certificate / Application #: R
- Environmental Impact Certificate / Application #:
- Chemical Safety Certificate / Application #:
- None

E. Details of Data, Information or Material

- i. Description of the data, information or material:
- ii. For how long will the data, information or material be used (in months):
- iii. Have any agreements already been signed in connection with the Project, data, information or material?
No Yes – please include UBC file numbers:
- iv. Is the data, information or material relevant to any previous or pending invention disclosure to the University-Industry Liaison Office?
No Yes – please list all file numbers that apply:
- v. UBC to provide the following data, information or material:
Not applicable
Collaborator to provide the following data, information or material:
Not applicable
- vi. For data, information or material to be received, will the data, information or material be used in conjunction with any other data, information or material received from a third party? Yes specify below No Not applicable
- vii. For data, information or material to be provided, are you the original producer of the data, information or material?
Yes No Not applicable
If no: From whom did you receive the data, information or material?

Was an agreement concluded for such transfer? No Yes:UBC file number:

F. Conflict of Interest

Are you aware of any conflicts of interest that may have a bearing on this project? No Yes – please check all applicable boxes below

	UBC Principal Investigator	UBC Co-Investigator(s)	UBC Students	Please note that all conflicts of interest and conflict of commitment must be disclosed annually and managed as per UBC policy SC3.
Seat on Board of Directors				
Seat on Scientific Advisory Board				
Any role within the Contracting Party				
Shares in the Contracting Party				
License / Option Agreement				
Non-disclosure Agreement				
Consulting Agreement				
Other Conflicts of Interest				

G. Approval and Signature

UBC Faculty Member Signature: By signing this form, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with all relevant University policies and federal/provincial regulations

Signature:

Or click box to
add scanned
signature

Name:

Date:

Department / Unit Head

or authorized signatory

Signature:

Or click box to add scanned signature

Name:

Title:

Date:

Dean

or authorized signatory (not required for the UBC
Vancouver faculties of Science or Applied Science)

Signature:

Or click box to add scanned signature

Name:

Title:

Date: