



CONTRACT REQUEST FORM

(for research projects, use the [Research Project Information Form](#))

When complete, please submit this form to the **University-Industry Liaison Office** at:
#103-6190 Agronomy Road, Vancouver, BC, V6T 1Z3

A. UBC Faculty Member

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

B. Collaborator/Party UBC will be contracting with

Organization:	Contact Name:
Tel:	Email:
Address:	

Organization is: Industry Government or Non-profit

*For non-research academic led projects or consulting arrangements, involving receipt of funds, continue to **Section C**.*

*For proprietary information (includes information included in: Data Transfer Agreements or Data Sharing Agreements, and Non-Disclosure Agreements) or material transfers, proceed to **Section D**.*

*For all other purposes, proceed to **Section E**.*

C. (Non-research) Project or Consulting Agreement

Please attach a budget and proposal/workplan

Project title:

Project duration (months):

Statement of work/abstract:

Project is: New Continuation of an existing project: Account#:

Are students involved in the project?: No Yes - please indicate Graduate student(s) Undergraduate student(s)

Indicate the main institution (UBC or formally-affiliated research teaching hospital) where the project will be undertaken

- | | |
|---|---|
| <input type="radio"/> UBC Vancouver Campus | <input type="radio"/> UBC Okanagan Campus |
| <input type="radio"/> BC Cancer Agency | <input type="radio"/> BC Centre for Disease Control <input type="radio"/> Child & Family Research Institute |
| <input type="radio"/> Providence Health Care Research Institute | <input type="radio"/> Vancouver Coastal Health Care Research Institute |

*Proceed to **Section E***

D. Proprietary Information or Material (PIM) Transfer

Name and description of research material (if applicable):

Is a research account or UBC file associated with the PIM? No Yes - please specify #:

Why is the PIM required and how will it be used? (attach an additional sheet if necessary)

For how long will be PIM be used (e.g. 6 months):

Have any agreements already been signed in connection with the PIM? No Yes

Do you anticipate any commercially valuable or patentable inventions or results being developed from use of the PIM? No Yes

If materials are being transferred, will use of the PIM involve humans, human tissue, animals or biohazardous materials?

No.

Yes. Use requires a certificate of approval. Please specify which of the following apply.

Humans Certificate/Application #:

Human Tissue Certificate/Application #:

Animals Certificate/Application #:

Biohazardous materials Certificate/Application #:

Please contact the Office of Research Services if you wish to have this project added to an existing approval.

UBC researcher is: Recipient of the PIM - **complete Section Di only**

Provider of the PIM - **complete Section Dii only**

Both provider and recipient of the PIM - **complete both Sections Di & Dii**

Di. Proprietary Information or Materials to be received by UBC

Which of the following sources of funding will be used to support the research using this PIM? :

Industry Government or Non-profit

Please specify funding source:

Will the PIM be used in conjunction with any other PIM received from a third party? No Yes

If yes, please identify other material(s) or proprietary information and provider(s):

*If you are also providing PIM, continue to **Section Dii**, otherwise proceed to **Section E**.*

Dii. Proprietary Information or Materials to be provided by UBC

Are you the original producer of the PIM? No Yes

If no, please state original producer:

Cost recovery for material production (if applicable) \$:

Which of the following sources of funding were used to develop this PIM? : Industry Government or Non-profit

Please specify funding source:

Is the PIM relevant to any previous or pending disclosures to the University-Industry Liaison Office?

No Yes. Please list all that apply:

For the transfer of Proprietary Materials, please select which (if any) of the following apply:

Confidential Information will also transferred

Use must be restricted to a specific research project

*Proceed to **Section E***

E. Conflict of Interest

Are you aware of any conflicts of interest that may have a bearing on the contract? (See UBC [Policy #97](#) for more information)

No Yes. Please specify:

F. 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:

If funds are to be received under the contract, please complete and collect the appropriate signatures below:

Department / Unit Head
or authorized signatory

Signature:

Or click box to add scanned signature

Name:

Title:

Date:

I also authorize any budget
increases as may be applicable

Or click box to add scanned signature

Initials:

Dean (not required in the UBC Vancouver Faculties of
Science or Applied Science) or authorized signatory

Signature:

Or click box to add scanned signature

Name:

Title:

Date:

I also authorize any budget
increases as may be applicable

Or click box to add scanned signature

Initials: