



CONTRACT REQUEST FORM

(for sponsored 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 srg@uilo.ubc.ca

A. UBC Faculty Member

Name:	Faculty:
Tel:	Department:
Email:	Division:
Address:	Academic Rank: <input type="text"/>
	If this project is primarily conducted at an approved institute or centre, please select: <input type="text"/>

B. Collaborator/Party UBC will be contracting with

Organization:	Contact Name:
Tel:	Email:
Address:	Organization is: <input type="radio"/> Industry <input type="radio"/> Government or Non-profit

C. Project Location

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

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

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

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

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

D. (Non-research) Project or UBC Consulting Agreement

Please attach a budget and proposal/workplan

Project title:

Project duration (months):

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)

Proceed to **Section F**

E. 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 (in 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 Ei only**

(select one): Provider of the PIM - **complete Section Eii only**

Both provider and recipient of the PIM - **complete both Sections Ei & Eii**

Ei. 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:

Price to be paid by UBC for materials (if any): \$

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 Eii**, otherwise proceed to **Section F**.*

Eii. 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 invention disclosures to the University-Industry Liaison Office?

No Yes. Please list all file numbers 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 F***

F. Conflict of Interest

Are you aware of any conflicts of interest that may have a bearing on this project?

No - please proceed to **Section G** Yes - please check applicable boxes below:

	UBC Principal Investigator	UBC Co-Investigator(s)	UBC Student(s)
Seat on Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat on Scientific Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Role within the Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares in Sponsor Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License / Option Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Disclosure Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other conflicts of interest: <hr/>			

Please note that all conflicts of interest and conflicts of commitment must be disclosed annually and managed as per UBC Policy #97.

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:

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:

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: