

School of Medicine Request for Review of Faculty Consulting Agreement Form

Instructions

Faculty who are requesting review of a proposed consulting agreement should complete Part 1 of this form, then e-mail it along with the proposed agreement to Renee Lee at Renee.Lee@ucsf.edu. *A clear, complete description of the nature and scope of services must be included in the proposed agreement in order for the agreement to be reviewed.*

Please note that the average time for review is three to five weeks due to limited staffing currently available for this review.

Part 1 – To Be Completed by the Faculty Member

Faculty Member Name _____
 Home Department _____
 Contact telephone number _____
 E-mail address _____
 Company or Entity Name _____

Check the appropriate answer.

Yes No

- | | | |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are the activities described in the scope of services consistent with the outside professional activities that are allowed under your department's Compensation Plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are the activities included in the consulting activity related to any research projects that are currently funded by the Company/Organization (or its affiliates or subsidiaries)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you plan to use any University funds or facilities to provide the consulting activities described in the proposed agreement? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have existing Invention Disclosures or an IP portfolio that may relate to the proposed agreement? |

Please provide additional information or clarification for any questions to which you answered 'Yes'.

I understand that the proposed agreement is a personal consulting agreement between a third party and myself, to which the University is not a party. I also understand that the review provided by University personnel of the proposed consulting agreement is solely for the purpose of commenting on consistency with my obligations to the University; it does not constitute legal or other advice on the contractual terms between myself and the third party engaging me for my consulting services.

 Faculty Member's signature

 Date

Part 2 - For Use by Dean's Office Only

Received on: _____ Log number assigned: _____ Logged by (initials) _____

This form and the related proposed agreement have been reviewed *as to the proposed nature and scope of services* to be provided. We have not identified any information that would preclude the faculty member from providing the proposed consulting services. I approve the agreement for further review by Business and Risk Management Services.

 Neal H. Cohen, M.D., Vice Dean, School of Medicine

 Date

After approval, Vice Dean's Office routes the completed form, proposed consulting agreement and additional information to Government & Business Contracts for review. Comments will be sent directly to the faculty member.