

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 either: 1) mail two copies of the proposed agreement and the completed form to the Office of Vice Dean for Academic Affairs at Box 0410) or 2) send an electronic file of this completed form and the proposed agreement via e-mail to Renee Lee: 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 in the range of two 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. If you answer “Yes” to any of the questions below, attach additional explanatory information.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are the activities under the proposed agreement a direct extension of your University research projects, duties or other activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you currently receive any research funding through the University from the other party to the proposed agreement or its affiliates or subsidiaries? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Will you use any University funds or facilities for the activities described in the proposed agreement? |

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 and Business Contracts, who will assign an analyst to review the contract. You will then be contacted directly with any suggestions.