THE UNIVERSITY OF BRITISH COLUMBIA

REQUEST FOR ISSUE OF A SITE AGREEMENT

When complete, please submit this form to:
sponsoredresearch@innovation.ubc.ca

ALL SECTIONS MUST BE COMPLETED

1. UBC PRINCIPAL INVESTIGATOR	
Full Name & UBC/UBC affiliated hospital address	
Faculty/Department & Name of Primary UBC-affiliated hospital affiliation	
Email	Request Date *yyyy-mm-dd*
2. COLLABORATOR / PARTY UBC WILL BE CONTRACTING WITH	
Worktag/PG funding source	Speedchart
Project Title	
Study Manager/coordinator contact	
Amount: CDN $ *Current Fiscal Year*	
Study Period From: *yyyy-mm-dd* To: *yyyy-mm-dd*	
3. RECIPIENT INSTITUTION(S)	
☐ Canada ☐ U.S.A. ☐ Other (specify)	

4. ADDITIONAL INFORMATION

i. Does the study involve the transfer of biological samples? ○ Yes ○ No

ii. Is the PI a member in good standing of the Canadian Medical Protective Association? ○ Yes ○ No

iii. Are the sub-sites required to complete Data Collection / Case Report forms? ○ Yes ○ No

iv. Will any drugs or devices be used in the study? ○ Yes ○ No If yes,

a. Is this drug approved for use in Canada? ○ Yes ○ No If not, is it approved for use in any other country? ○ Yes ○ No

b. How will the drugs / devices be obtained (i.e. purchased or received as a donation)?

c. Who is the supplier?

d. How many units are being provided?

e. How will the drugs / devices be shared with the sub-sites (i.e. through UBC; from a pharmacist; directly from the drug / device provider)?

f. Does the provider want the remaining drugs / devices back? Who will pay for that?

v. Are there any No Objection Letters relating to the study? ○ Yes ○ No

vi. Are there any responsibilities of the site investigators that are **not already included** in the study protocol? ○ Yes ○ No

vii. If **not yet included** in the study protocol, how are the sites expected to report serious adverse events to the study team, if applicable? ○ Yes ○ No

viii. Will there be any third-party subcontractors involved in the study, such as a pharmacy or external lab? ○ Yes ○ No

ix. REB application number:

5. INSTRUCTIONS

Please complete **all sections above, as well as the attached Appendix: Budget and Payment Schedule**. Note that the sub-grant budget must adhere to sponsor guidelines and approved use of funds. This form **must be typed and signed** as it will form a part of the transfer agreement. Please submit together with:

- Study Protocol
- Data Collection / Case report forms
- Funding award letters / agreements
- Letters / agreements re study drugs / devices

6. 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: _____

PLEASE NOTE: THE TRANSACTION WILL TAKE 4-6 WEEKS TO PROCESS

APPENDIX: BUDGET AND PAYMENT SCHEDULE

The Study is investigator-driven and supported by _____ . All payments will be made in _____ dollars.

1. The Site shall be entitled to the following compensation for the performance of Study:

   $ _____ for _____

   $ _____ for _____

   $ _____ for _____

2. Invoices must be submitted to Coordinating Institution:

   ☐ every quarter

   ☐ every year

   ☐ within 90 days of a Study participant completing the Study

The Site may include multiple Study participants on each invoice. Invoices should be directed to:

3. Coordinating Institution will pay the invoices within 90 days of receipt thereof, provided the Principal Investigator or their designate has received <u>all</u> of the following (where applicable):

   a) _____
   b) _____ ; and
   c) _____ .

4. No payment or partial payment will be made:

   a) for any Study participant entered in violation of the Protocol;
   b) for any Data Collection / Case Report Forms deemed to be non-evaluable;
   c) for any enrolment after a notice of termination by Coordinating Institution;
   d) for any enrolment after the designated recruitment period, unless approved in writing by the Principal Investigator; or
   e) if the Site is in breach of the Agreement.

5. If at the date of Study termination, the total amount that Coordinating Institution has paid to the Site <u>exceeds</u> the amount to which the Site is entitled hereunder, the Site will return the overpayment to Coordination Institution within 30 days after the termination date. If at the date of termination, the total amount Coordinating Institution has paid to the Site is <u>less</u> than the amount to which the Site is entitled hereunder, Coordinating Institution will pay the amount due the Site.