



**CONTRACT REQUEST FORM**

For research-related contracts not involving an exchange of funds or payments  
(for sponsored research projects, use the [Research Project Information Form](#))

When complete, please submit this form to:  
[sponsoredresearch@innovation.ubc.ca](mailto:sponsoredresearch@innovation.ubc.ca)

**ALL SECTIONS MUST BE COMPLETED**

**A. UBC Faculty Member**

Name: \_\_\_\_\_ Department / Division: \_\_\_\_\_  
Faculty: \_\_\_\_\_ Academic Rank: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**B. Collaborator / Party UBC will be contracting with**

Organization: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Address: \_\_\_\_\_

**C. Project Location**

Indicate the main institution where the project will be undertaken

- |  |   |
|--|---|
| <input type="checkbox"/> UBC Vancouver Campus                      | <input type="checkbox"/> UBC Okanagan Campus                              |
| <input type="checkbox"/> Interior Health Authority                 | <input type="checkbox"/> Vancouver Coastal Health Care Research Institute |
| <input type="checkbox"/> BC Cancer Agency                          | <input type="checkbox"/> Providence Health Care Research Institute        |
| <input type="checkbox"/> BC Centre for Disease Control             | <input type="checkbox"/> Women's Health Research Institute                |
| <input type="checkbox"/> BC Children's Hospital Research Institute | <input type="checkbox"/> BC Mental Health & Addictions Research Institute |

**D. Project Information**

- i. Project title:
- ii. Please attach proposal / workplan / protocol.  Attached  Not applicable
- iii. Are students involved in the project?  No  Yes – please indicate  Graduate  Undergraduate
- iv. UBC FAS/PG/SpeedChart associated with the Project and/or the data, information or materials to be transferred (list all):
  - Not applicable
- v. Compliance requirements (<https://ors.ubc.ca/compliance-reporting/compliance-requirements>):
  - Human Research Ethics Certificate / Application #: H
  - Animal Care Certificate / Application #: A
  - Biosafety Certificate / Application #: B
  - Radiation Safety Certificate / Application #: R
  - Environmental Impact Certificate / Application #:
  - Chemical Safety Certificate / Application #:
  - None

### E. Details of Data, Information or Material

i. Description of the data, information or material:

\_\_\_\_\_

ii. For how long will the data, information or material be used (in months): \_\_\_\_\_

iii. Have any agreements already been signed in connection with the Project, data, information or material?

No  Yes – please include UBC file numbers: \_\_\_\_\_

iv. Is the data, information or material relevant to any previous or pending invention disclosure to Innovation UBC (formerly UILO)?

No  Yes – please list all file numbers that apply: \_\_\_\_\_

v. UBC to provide the following data, information or material:

Not applicable \_\_\_\_\_

Collaborator to provide the following data, information or material:

Not applicable \_\_\_\_\_

vi. For data, information or material to be received, will the data, information or material be used in conjunction with any other data, information or material received from a third party?  Yes specify below  No  N/A

\_\_\_\_\_

vii. For data, information or material to be provided, are you the original producer of the data, information or material?

Yes  No  N/A

**If no:** From whom did you receive the data, information or material?

\_\_\_\_\_

Was an agreement concluded for such transfer?  No  Yes: UBC file number: \_\_\_\_\_

### F. Conflict of Interest

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

No  Yes – check all applicable boxes

	UBC Principal Investigator	UBC Co-Investigator(s)	UBC Students	Please note that all conflicts of interest and conflict of commitment must be disclosed annually and managed as per UBC policy SC3.
Seat on Board of Directors				
Seat on Scientific Advisory Board				
Any role within the Contracting Party				
Shares in the Contracting Party				
License / Option Agreement				
Non-disclosure Agreement				
Consulting Agreement				
Other Conflicts of Interest				

## 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: \_\_\_\_\_

### Department / Unit Head

or authorized signatory

Signature:

Or click box to add scanned signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Dean

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

Signature:

Or click box to add scanned signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_