



LLeRA#

Date:

Request to Issue a Contract

Please use this form for **research contracts, subcontracts, material transfer agreements (MTA), and personal service agreements (PSA)**. Please complete with the appropriate signatures and forward to the address or e-mail above.

LLU INSTITUTION INFORMATION CONTRACT TYPE

Principal Investigator/Project Director School/Entity

Department Primary Funding Sponsor/Agency Prime Award or LLU Account Number

Mailing address Phone Email

Administrative Contact Phone Email

Project Title

Prime Award (if applicable) project period From Through

CONTRACTOR INFORMATION

Principal Investigator/Project Director Phone Email

Administrative Contact Phone Email

Name of Institution/Company

Mailing Address City State Zip

Proposed Contract project period From Through

SCOPE OF WORK (Submit contractor SOW with this form):

Provide a copy of the SOW as outlined in the prime award (if applicable) or provide the scope of work description.
It is the responsibility of the PI to ensure the SOW of this contract is allowable and consistent with the prime award listed above, if applicable.

BUDGET INFORMATION (Submit contractor budget with this form):

Total costs as a result of this action

MATERIAL TRANSFER

Yes No

Will material be transferred between institutions? If yes, please complete **Attachment A**.

(Check those statements which apply to your project before obtaining the signatures in the boxes below.)

Yes No

- 1. Equipment will be purchased for the project and/or the project will require renovations or modifications to facilities.
Any equipment purchased for the subcontractor will be purchased and owned by Loma Linda University. If exception requested please explain:
- 2. The project involves human subjects. If yes, date of IRB approval: IRB #:
- 3. The project involves vertebrate animals. If yes, date of IACUC approval: IACUC#:
- 4. The project involves ionizing radiation. If yes, date of RSC approval:
- 5. The project involves potentially biohazardous material or recombinant DNA, such as plasmids, viral vectors, or genetically modified organisms or microorganisms. If yes, date of Institutional Biosafety Committee approval:
- 6. The project potentially involves handling blood borne pathogens, such as human tissue or blood products, and/or compressed gas. If yes, date of Env. Health & Safety approval:
- 7. The project involves select agents (<http://www.selectagents.gov/Select%20Agents%20and%20Toxins%20List.html>)
- 8. The project involves:
 - a. collaborations with foreign entities or nationals or participation of foreign nationals including students with student visas;
 - b. shipment, transfer or transport of equipment, materials, or data outside of the U.S or to foreign nationals; or foreign travel;
 - c. publication or access restrictions; and/or proprietary or confidential information or materials from the sponsor or any third party;
 - d. Export controlled technology (EAR, ITAR, OFAC).
- 9. I am a named inventor on any patent(s) related to this study (including materials).
- 10. The project involves the creation or use of human embryonic stem cells or human induced pluripotent stem (iPS) cells, and/or the transplantation of human neural stems cells into humans or laboratory animals.
- 11. If this is a PSA, has Human Resource Management made a determination of contract vs. employee status? Please attach supporting documents.

REPORTING REQUIREMENTS

Financial Reports	Technical Reports	Invention Reports
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other (specify): <input style="width: 80%;" type="text"/>		

COMMENTS

APPROVALS

- Each signer below certifies that:**
1. He/she approves this activity and acknowledges his/her responsibility for implementing the University policies and guidelines which apply to the requested contract referenced above.
 2. Office, laboratory, and any other space including space for animals, if appropriate, particularly associated with this project is available; and
 3. He/she has read and understands the investigator Financial Disclosure and [LLUAHSC's Conflict of Interest Policy](#) and all required disclosures will be made before contract is fully executed.

Furthermore, the Principal Investigator acknowledges that: (1) the information submitted within this request is true, complete and accurate to the best of his/her knowledge; should information be incomplete or missing required documents this may cause a delay in processing of contract request; (2) any false, fictitious, or fraudulent statements or claims may subject him/her to criminal, civil or administrative penalties, and agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports.

PI SIGNATURE	DATE	CHAIR SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ATTACHMENT A

MATERIAL INFORMATION

The nature of the material (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Animal cell line; stem cells? | <input type="checkbox"/> Explosive/flammable material | <input type="checkbox"/> Human material |
| <input type="checkbox"/> Antibodies or antibody component | <input type="checkbox"/> Gases | <i>(tissues, blood, blood products, bodily secretions or fluids)</i> |
| <input type="checkbox"/> Biotoxins | <input type="checkbox"/> Pharmaceutical drug | <input type="checkbox"/> Non-human primate material |
| <input type="checkbox"/> Human cell line; stem cells? | <input type="checkbox"/> Reagent | <i>(tissues, blood, blood products, bodily secretions or fluids)</i> |
| <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Toxic chemical | <input type="checkbox"/> Recombinant DNA/plasmids <i>(animal, plant, or microbe)</i> |
| | | <input type="checkbox"/> Live specimen <i>(animal, plant, or microbe)</i> |

Shipping: (Complete if shipping outgoing material only)

How are the materials being shipped? *(dried, on dry ice, on wet ice, etc.)*

Who will prepare the item for shipment? Is this person certified?

The material is (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> For use in humans | <input type="checkbox"/> Radioactive material | <input type="checkbox"/> May be on the U.S. Munitions list, the Commerce control list or subject to export control |
| <input type="checkbox"/> For use in vertebrate animals | <input type="checkbox"/> Involves oncomouse technology | |
| <input type="checkbox"/> A potential biohazard | | |

This exchange will involve (check appropriate):

- The return of data, results, or modified materials Transfer of materials only

Description of material(s):

Research description/application (e.g., how will it be used?):

INTELLECTUAL PROPERTY

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you an inventor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any disclosed inventions or filed patents related to the material? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the material described in any publication? If yes, please provide citation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the material be modified or used in derivatives? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the material or modified material become integrated into a new research material? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do alternative sources of material exist or are commercially available? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are graduate students involved in the research? |