

Contract Submission Cover Sheet



THE UNIVERSITY OF ARIZONA HEALTH SCIENCES
Research Administration

Please submit your contract along with this form to UAHS at

UAHSContracts@email.arizona.edu.

*** This is an internal document only. Please do not circulate outside the UA ***

1. PI and Department Information

Principal Investigator Name: Email: Phone:
 Administrative Contact Name: Email: Phone:
 Department: School/College: Center/Institute (optional):

2. Sponsor / Outside Party Information

Entity Name:
 Entity Contact Name:
 Entity Contact Email: Entity Contact Phone:
 Entity provided draft or template agreement? Yes. No.
 If YES, please provide the agreement as an editable Microsoft Word attachment to your email.
 If NO, is the other party requesting that we provide an agreement? Yes. No.

3. Project Information

Title:
 My goal for this project is:
 Is the other party asking you to enter into a Master Agreement? Yes. No.
 Is this related to an underlying agreement? Yes. No.
 If yes, please provide the account number and IRB number here. Account: IRB:
 Is this an amendment? Yes. No.
 Is this a sub-award?
 How is your project funded?

I am receiving:

I am sharing:

What are the specific data elements that will be transferred?
 Will the data you receive/share be co-mingled? Yes. No.
 Specific data elements needed for this project (mark all that apply):

Dates (e.g. dates of birth, dates of service, dates of admission, etc.)	Social Security Number (SSN)	Full face photographic images and any comparable images
City, State, Zip Code	Medical Record Number (MRN)	Other
Full Name	Health Plan Beneficiary Numbers	
Street Address	Account numbers (eg. Credit Card, Bank Account)	

Do you intend to publish findings or aggregates of the data/information received? Yes (describe). No.

Please describe your scope of work:

What materials are being shared/ received?

Will a MTA Implementing Letter or an NIH Simple Letter of Agreement be used to transfer the materials?

Yes, I will use one of these.

No.

I don't know.

Nature/involvement of the materials being transferred (select all that apply):

To be used in humans

Human Tissues and

Materials subject to

To be used in vertebrate
animals

Specimens

export control

Biological Materials

Chemicals

Materials subject to
conflict of interest

Will you need to share the materials with collaborators either at the UA or outside the UA?

Yes.

No.

Will the research result in a modification or alteration of the material?

Yes.

No.

Do you anticipate any intellectual property will be generated as a result of the use of the material (e.g. patentable technology, modifications, software, etc.)?

Yes.

No.

Do you plan to publish or present research results related to the material?

Yes.

No.

Will any patient information be sent along with the samples?

Yes.

No.

If yes, attach a list of all data elements that will be provided with the samples.

Are you aware of any third party interests in the samples (i.e. Banner or another entity that may have an ownership interest in the samples)?

Yes.

No.

Do you want to charge a fee for providing the samples to recover costs?

Yes.

No.

If yes, please specify the amount and the payment address.

Address:

Amount:

Is material being provided from a repository?

Yes.

No.

If yes, please identify the repository:

Was the material collected as part of a clinical trial?

Yes.

No.

Who will pay for the shipping cost of the material?

Do you have any special restrictions or specific requests for the other party?

Yes.

No.

If yes, describe: