BAYLOR COLLEGE OF MEDICINE - OFFICE OF THE GENERAL COUNSEL

CONTRACT REVIEW REQUEST FORM AND ROUTING SHEET

Please complete the following for each contract that is requested to be reviewed by the Office of the General Counsel. Print this completed form, obtain appropriate signatures as stated in paragraph 16 and forward the signed form along with the accompanying contract electronically in MS Word to Finance (finance@bcm.edu). Finance will then route to Office of General Counsel. Standard turnaround time is at least two weeks. If questions, contact Melissa Cordova mcordova@bcm.edu.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **REQUESTED BY**:
 | Name:       | Title:        | Department:       | Date:       |
| 1. **CONTRACT CATEGORY**:
 | [ ]  Clinical | [ ]  Educational | [ ]  Research | [ ]  I.T. | [ ]  Administrative/Other |
| 1. **CONTRACT TYPE**:
 | [ ]  Vendor Contract/ SOW/Capital Purchase | [ ]  Quote | [ ]  Events/Catering | [ ]  MOU/ Nondisclosure Agreement/Letter of Intent |
| [ ]  Maintenance Service Agreement | [ ]  Equipment Lease | [ ]  Independent Contractor Agreement | [ ]  BCM Providing Services | [ ]  Real Property Lease |
| 1. **CONTRACT PARTIES**: BCM &:
 |        |
| 1. **IS THIS CONTRACT A**:
 | [ ]  Renewal | [ ]  Amendment | [ ]  New Contract  | (*If renewal or amendment, please attach existing contract*.) |
| 1. **EFFECTIVE DATE**:
 |      , 20      |
| 1. **TERM OF AGREEMENT**:
 | [ ]  1 yr | [ ]  2 yrs | [ ]  Other? (*specify*:)[ ]  Renewal Options? |       |
| 1. **TERMINATION WITHOUT CAUSE**:
 | [ ]  No | [ ]  30 days | [ ]        days | [ ]  Other: |       |
| 1. **PAYMENT / FINANCIAL TERMS (IF ANY)**:
 | $      | per      ; Describe:       | BCM is: [ ]  receiving or [ ]  paying funds |
| Will contract costs be charged to BCM Medical Center? Yes [ ] ; No [ ] If yes, list fund center:       | Funding Source Involved (*check applicable*): Type: [ ]  1; [ ]  2; [ ]  3; [ ]  4; [ ]  5; [ ]  6; [ ]  8 |
| Contracts impact current fiscal year operations? Yes [ ] ; No [ ]  | Describe impact financially:      Establish a new fund center? Yes [ ] ; No [ ]  |
| 1. DOES THIS CONTRACT RELATE TO ANY OTHER CONTRACT?
 | Yes [ ]  No [ ]  | Describe:       |
| 1. WILL THE OTHER PARTY HAVE ACCESS TO PROTECTED HEALTH INFORMATION (HIPAA)?
 | Yes [ ]   No [ ]   | Describe:       |
| 1. IS THIS CONTRACT FOR CLINICAL SERVICES AT A **NON**-CHI ST. LUKE’S HOSPITAL?
 | No [ ] ; Yes [ ]   | Name:       |
| 1. PROVIDE DETAILED DESCRIPTION OF BUSINESS TRANSACTION:
 |       |
| 1. **REQUESTOR CERTIFICATION:** I certify that I have read the contract and understand the business terms, that it accurately reflects the intent of BCM and contains the elements required in the Procedure for Contract Review, Execution, and Administration, that I have included all contract documents mentioned in the contract, that the contract is in BCM’s best interest, and that the activity is consistent with BCM’s mission.
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| 1. SIGNATURE OF REQUESTOR
 |  |
| 1. ROUTING (the order of the following is mandatory)
 |  |
| BCM Contact (person most knowledgeable of and responsible for the Contract) |  |
| Administrator /Chairman (approving content) |  |
| Global Business Project Team (approving international arrangement) |  |
| Finance (approving financial terms) |  |
| Office of General Counsel (approving legal form) |  |
| Authorized Signatory (formally executing per BCM Delegation of Authority)  |  |

***Note: Please return one original fully-signed agreement to Office of General Counsel,
 one copy to Finance (if funds are to be received or distributed) via e-mail to*** ***finance@bcm.edu******, and one copy to Global Business Project Team (if international arrangement) via e-mail to*** ***global@bcm.edu******.***