School of Medicine Request for Review of Outside Faculty Consulting Agreement

Instructions

Outside professional activity is defined by the Health Sciences Compensation Plan as work *personally* provided by a faculty member that is beyond the scope of the faculty member's University employment. Faculty may request UCSF review of a proposed consulting agreement for compliance with policy related to the UC Patent Agreement and disclosure of information.

Faculty who are requesting review of a proposed outside consulting agreement should complete Part 1 of this form, then e-mail it along with the proposed agreement to SOMConsultingAgreements@ucsf.edu. A clear, complete description of the nature and scope of services must be included in the proposed agreement in order for the agreement to be reviewed.

Please note that the average time for review may be two to four weeks.

Part 1 –	To Be Completed by the Facul	<u>/ Member</u>	
	Member Name epartment		
	telephone number		
E-mail ac			
	y or Entity Name		
Check th	e appropriate answer:		
Yes	No		
	1. Do any of the activities described in the scope of services conflict with the outside professional activities that are allowed under your department's Compensation Plan?		
	2. Are the activities included in the consulting activity related to any research projects that have been or are currently funded by the Company/Organization (or its affiliates or subsidiaries)?		
	3. Do you plan to use any University funds or facilities to provide the consulting activities described in the proposed agreement?		
	4. Do you have any exist agreement?	ng Invention Disclosures or an IP portfolio that may relate to the proposed	
——————————————————————————————————————	rovide additional information c	clarification for any questions to which you answered 'Yes'.	
Lundorst	rand that the proposed agreem	ant is a personal consulting agreement between a third party and myself. The	
	ty is not a party to this agreeme	ent is a personal consulting agreement between a third party and myself. <u>The nt</u> .	
I agree n	ot to use University resources	nd/or personnel in my performance of this agreement.	
I also un	derstand that:		
i.	the review provided by University personnel of the proposed consulting agreement is solely for the purpose of reviewing for potential conflicts with my obligations to the University;		
ii.	University personnel may not negotiate the agreement on my behalf;		
iii.	The comments provided by University personnel do not constitute legal or other advice on the contractual term between myself and the third party engaging me for my consulting services.		
Faculty Member's Signature			

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Reviewed & Approved by Home Department:

The Faculty member's proposed activities are consistent with the requirements of the Department Compensation Plan and the Faculty member has no known conflicts that would preclude providing the proposed outside consulting services.				
Department Chair Signature	Date			
Part 2 - For Use by Dean's Office Only				
SOM Dean's Office activity and agreement review comments:				
This form and the related proposed agreement have been reviewed as to the proposed nature and scope of services to be provided. We have not identified any information that would preclude the faculty member from providing the proposed outside consulting services. I approve the agreement for further review by the Business Contracts Unit.				
Neal H. Cohen, M.D., Vice Dean, School of Medicine	Date			
After approval, Vice Dean's Office routes the completed form, propinformation to Government & Business Contracts for review. Comm				

The University recommends that the faculty member personally seek outside legal review.