# DREXEL UNIVERSITY COLLEGE OF MEDICINE

# Contract Protocol Review Form

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| --- | --- | --- | --- | --- |
|  | **Contract Summary (To be completed by the Initiator of the contract)** | | | |
|  | Initiator (Name, Phone, Fax, E-Mail) | | | |
|  | Initiator's Department (Department Name, Location, Mail Stop) | | | |
|  | Other Contracting Party(ies) | | | |
|  | Brief Description of Contract | | | |
|  | Contract Amount Contract Start Date Contract Expiration Date | Contract Type:   Affiliation  Managed Care   Employment  Clinical Trial   Lease  Service   Other | | |
|  | Automatic Renewal Clause? Notice Needed for Termination   Yes  No  30 Days  60 Days  90 Days  Days  Date by which Department is to be notified  to commence review of renewal options: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Special Instructions (Attach additional pages if necessary): | | | |
|  | **Reviews (Names to be completed by the Initiator of the contract)** | | | |
|  | Department Chair/Division Chief/Assistant Dean/Assistant VP/Other: | Reviewed By: | Date In | Date Out |
| Comments: | | | |
|  | | | |
| Vice President/Associate Dean/Other: | Reviewed By: | Date In | Date Out |
| Comments: | | | |
|  | | | |
|  | Facil. Mgmt./Risk Management/Managed Care/HR/Purchasing/IRT/Safety/Other: (Circle one--see reverse side for comments from additional reviewers)  reverse for additional regional review): | Reviewed By: | Date In | Date Out |
| Comments: | | | |
|  | | | |
| Finance: (As applicable, University Finance or Sponsored Project Finance) | Reviewed By: | Date In | Date Out |
| Comments: | | | |
|  | | | |
| Legal: | Reviewed By: | Date In | Date Out |
| Comments: | | | |
|  | | | |
|  | **Execution Initiator: Have all comments above been incorporated into contract?**  ** Yes  No If No, Please attach explanation.** | | | |
|  | Contract to be executed by (Name/Title): | Executed By (initials) | Date In | Date Out |

**RETURN COMPLETED FORM AND ORIGINAL CONTRACT EXECUTED BY ALL PARTIES**

**TO PATRICIA BUCK, DREXEL UNIVERSITY COLLEGE OF MEDICINE, M.S. #10627, Phone (215) 255-7836**

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| --- | --- | --- | --- | --- |
|  | **Additional Review if required (Continued from front)** | | | |
|  | Facil. Mgmt./Risk Management/Managed Care/HR/Purchasing/IRT/Safety/Other: (Circle one) | Reviewed By: | Date In | Date Out |
| Comments: | | | |
|  | | | |
| Facil. Mgmt./Risk Management/Managed Care/HR/Purchasing/IRT/Safety/Other: (Circle one) | Reviewed By: | Date In | Date Out |
| Comments: | | | |
|  | | | |

**STEPS IN THE CONTRACT PROTOCOL PROCESS**

**Step 1:** Proposed contract received by a representative of DUCOM (the "Initiator"). Initiator evaluates contract to determine if contract is consistent with the business objectives discussed with and agreed to by DUCOM. Before the contract is submitted for review as set forth in Step 2 below, the Initiator shall submit to the Chief Compliance Officer (the “CCO”) the “Sanction Check Database Search Request Form” attached hereto, which lists the name of the other party(ies) to the contract (or, in the case of an entity, the name of the entity and, if known, the name(s) of the principal(s) of the entity), so that the CCO can conduct a search of applicable government sanctions lists or evaluate whether a sanction check in required. Written confirmation of the CCO’s approval of moving forward with the contract with the other party(ies) must be attached to the Contract Protocol Review Form before the Initiator routes the contract under item (d) of Step 2 below.

**Step 2:** Initiator (a) completes the "Contract Summary" section of the Contract Protocol Review Form in its entirety; (b) notes under "Special Instructions" any comments or questions arising from the evaluation discussed in Step 1 above; (c) identifies appropriate Reviewers in the spaces provided under the "Reviews" section of the form; and (d) routes the contract (and the form) to the first internal Reviewer. Review by the Office of the General Counsel (OGC) and either University Finance or Sponsored Project Finance, is required.

**Step 3:** The first Reviewer considers comments and/or questions of Initiator, completes review and provides comments on Contract Protocol Review Form. Reviewer may choose to contact the Initiator to confirm completion of review and discuss any substantive issues, as appropriate. Reviewer will then forward the contract to the next Reviewer. In appropriate circumstances, the Initiator may request concurrent reviews by each Reviewer, including the OGC.

**Step 4:** The second and all subsequent Reviewers complete review as set forth in Step 3 above and forward to the next Reviewer in the order listed on the form. The last Reviewer--in most cases, the OGC, returns contract to the Initiator with all proposed changes and comments.

**Step 5:** Initiator considers comments of Reviewers and incorporates changes as appropriate. While the Initiator should consider and address all comments of Reviewers, the Initiator is not required to incorporate all comments into a revised contract. However, the Initiator is encouraged to contact Reviewers to discuss specific comments, questions and concerns. Moreover, if the Initiator has questions concerning any substantive comments which may create exposure for DUCOM or which involve significant policy considerations, the Initiator should contact the Reviewer who made such comments or seek advice and assistance from the OGC.

**Step 6:** After Reviewers' comments are incorporated into the contract, the Initiator completes the "Execution" section of the Contract Protocol Review Form. If a decision was made not to incorporate all comments of Reviewers, then the Initiator must attach an explanation to the Contract Protocol Review Form. The Initiator then forwards two (2) copies of the contract to the individuals authorized under the applicable Signature Authority Guidelines to execute the contract, who will review comments, determine that all appropriate changes have been made and evaluate the contract for consistency with the business objectives of the DUCOM. Only then should the authorized individuals execute both copies of the contract, initial the Contract Protocol Review Form under the "Execution" section and return the documents to Initiator. Once a contract has been approved for legal sufficiency by the OGC, no substantive changes are to be made to the contract prior to execution without the approval of the OGC or the President.

**Step 7:** Initiator facilitates execution of the contract by the other contracting party and returns one (1) **fully executed original** to the OGC, along with the completed Contract Protocol Review Form and any attachments.

**DREXEL UNIVERSITY COLLEGE OF MEDICINE**

**SANCTION CHECK DATABASE SEARCH REQUEST FORM**

**PLEASE PRINT CLEARLY**

**Requestor**

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

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

**Company: Philadelphia Health & Education Corporation**

**d/b/a Drexel University College of Medicine**

**Individual/Employee/Physician Searches:**

**First Name M.I. Last Name DOB**

**(mm/dd/yyyy)**

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| --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |

**Vendor/Business Searches**

**Vendor Name:**

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |

May 2007

**PLEASE FAX TO EDWARD LONGAZEL, CHIEF COMPLIANCE OFFICER : (215) 255-7816**