

SERVICE AGREEMENT/ EQUIPMENT PURCHASE AGREEMENT QUESTIONNAIRE

(CHLA IS PURCHASING SERVICES/EQUIPMENT ONLY)

Date:

A. INVESTIGATOR INFORMATION		
CHLA Scientist's Name:		
CHLA Scientist's Phone:	CHLA Scientist's Email:	
If CHLA's contact person is different from Scientist, Contact Name:	Contact Email:	
Vendor:		
Vendor's contact information:	Name:	Email:
B. ABOUT THE SERVICES/EQUIPMENT BEING PURCHASED		
What is being purchased? <input type="checkbox"/> Services <input type="checkbox"/> Equipment <input type="checkbox"/> Both		
CHLA's account that will be used to pay for services/equipment:		
Cost Center:	Project ID:	Fund Code:
Vendor ID / Supplier ID#:		
To set up a new vendor with S&P or obtain an existing vendor ID, please click on the following hyperlink: New Supplier Set-Up		
Do the services and/or equipment involve software or IT hardware:		
If yes, please provide a Service Request number (SR#):		
To obtain an SR#, please click on the following hyperlink: Technology Review Process		
Is there an existing master agreement with this vendor:		
If yes, please provide the MediTract number of the master agreement:		
If no, will you use this vendor again in the near future?		
Has the Vendor provided a quote for the Services/Equipment?		
If yes, please forward the quote along with this intake form. If pending, please submit the quote upon receipt.		
Has the vendor provided its certificate of insurance?		
If yes, please forward the document along with this intake form.		
If no, please request the certificate of insurance from the vendor and forward it upon receipt.		

C. ABOUT THE SERVICES (ANSWER IF PURCHASING **SERVICES**)

Start date:

End date:

Scope of work:

Payment terms:

☐ **DAILY RATE**

Vendor will be paid:

☐ \$ _____ per visit **OR**

☐ \$ _____ per day pro-rated to \$ _____ per hour

for Services provided. Vendor will not exceed _____ days _____ without prior approval from _____.

☐ **HOURLY RATE**

Vendor will be paid \$ _____ per hour, billable in _____ minute increments, for Services provided. Vendor will not exceed _____ hours _____ without prior approval from _____.

☐ **FLAT FEE**

Vendor will be paid the total aggregate amount of \$ _____ for Services provided hereunder. This amount is a flat fee and no additional amounts will be billed to CHLA unless there is a written amendment to this Agreement signed by both Parties, specifying the change in pricing. This flat fee is payable as follows:

D. ABOUT THE EQUIPMENT (ANSWER IF PURCHASING **EQUIPMENT**)

Anticipated date of purchase:

Estimated delivery date:

Please include the description of the equipment:

Is the vendor providing a warranty or maintenance services for the equipment?

If yes, how long is the warranty/maintenance period?

Payment terms:

☐ **FLAT FEE**

Vendor will be paid the total aggregate amount of \$ _____ for Goods provided hereunder. This amount is a flat fee and no additional amounts will be billed to CHLA unless there is a written amendment to this Agreement signed by both Parties, specifying the change in pricing. This flat fee is payable as follows:

E. DESIRED MEDITRACT INFORMATION (OPTIONAL)

Main Agreement Title:

Responsible parties:

First responsible party:
(typically CHLA scientist)

Second responsible party:
(typically divisions's pre-award contact)

Third responsible party:
(typically division administrator or budget manager)

F. SIGNATURE

Prepared by:

Email:

Signature: _____

Date: _____

Steps after completing this questionnaire:

1. Send questionnaire to Contracts and Clinical Research (CCR), CHLAclinicalresearch@chla.usc.edu.
2. CCR drafts the service or purchase agreement(s) for your request and distributes to the vendor.
If the vendor requests any changes, CCR negotiates and finalizes the contract terms.
CCR coordinates signatures on the final agreement.
3. CCR notifies you of the signed agreement and TSRI MediTract Support uploads it to MediTract.
When accepted into MediTract, TSRI MediTract Support provides you with the MediTract number.
4. You can use the MediTract number to obtain a PO.