

## SERVICE AGREEMENT/ EQUIPMENT PURCHASE AGREEMENT QUESTIONNAIRE (CHLA IS PURCHASING SERVICES/EQUIPMENT ONLY)

A. CONTACT INFORMATION	
CHLA Scientist's Name:	Email:
If CHLA's contact person is different from the Scientist, Contact Name:	Email:
Vendor's Name:	
Vendor Contact's Name:	Email:
B. ABOUT THE SERVICES/GOODS	
What is being requested? <input type="checkbox"/> Services <input type="checkbox"/> Goods <input type="checkbox"/> Both	
CHLA account that will be used to pay for services/goods: <input type="checkbox"/> N/A - no cost	
Cost Center:	Project ID:      Fund Code:
Is the research project funded by the federal government? If yes, <u>contact S&amp;P</u> at <a href="mailto:quotes@chla.usc.edu">quotes@chla.usc.edu</a> .	
Vendor ID / Supplier ID#:  To set up a new vendor with S&P or obtain an existing vendor ID, please click on the following link: <a href="#">New Supplier Set-Up</a>	
<b><u>OPTIONAL:</u></b> If this is a renewal of an existing agreement, please provide the MediTract number of the prior agreement:	
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?	
(For goods only) Do the goods have a total cost of more than \$5,000 and at least a three-year useful life? If yes, please <u>forward your capital request approval from CMG</u> . To submit this request to CMG, please complete the Capital Request Form at the following link: <a href="#">Capital Planning</a>	
Has the Vendor provided a quote for the Services/Goods? If yes, please <u>forward the quote</u> along with this intake form. If pending, please submit the quote upon receipt.	
Has the vendor provided its certificate of insurance? If yes, please <u>forward the certificate of insurance</u> along with this intake form. If no, please request the certificate of insurance from the vendor, and upon receipt, please forward the document along with this intake form.	

### C. TECHNOLOGY REVIEW QUESTIONS

Do the services and/or goods involve software or IT hardware:

If yes, please provide a Service Request number (SR#):

To obtain an SR#, please click on the following link: [Technology Review Process](#)

What online services or interactions will occur with the vendor?

☐ Online Interaction (e.g., using vendor's website) ☐ Software ☐ Remote access ☐ Email ☐ None

If you selected None, skip to Section D.

Who is accessing the data? (Select all that apply)

☐ Patients/Research Participants/Donors ☐ CHLA Team Member(s) ☐ Vendor(s)

What is the data category? (Select all that apply)

☐ PHI ☐ PII ☐ PCI

What exactly is collected?

☐ Identifying Information ☐ De-identified/Strictly Necessary ☐ None

### D. ABOUT THE SERVICES (ANSWER IF PURCHASING SERVICES)

Start date:

End date:

Please enter the scope of work as it should appear in the agreement:

Total amount payable:

### E. ABOUT THE GOODS (ANSWER IF PURCHASING GOODS)

Anticipated date of purchase\*:

Estimated delivery date:

\*Please note that obtaining a PO takes an additional 10-20 days after execution of the purchase agreement.

Please include the description of the goods as it should appear in the agreement:

Total amount payable:

### F. DESIRED MEDTRACT INFORMATION (OPTIONAL)

Main Agreement Title:

Responsible parties:

First responsible party:  
(typically CHLA scientist)

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

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

**G. SIGNATURE**

Prepared by:

Email:

Signature:

Date:

Steps after completing this questionnaire:

1. Send questionnaire to Contracts and Clinical Research (CCR), [CHLAclinicalresearch@chla.usc.edu](mailto: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.