

Is a Service Provider Agreement Required? Checklist & Form (Version Date April 6 2021)

Please complete this checklist to determine if a formal contract is required with your external vendor/counterpart/service provider.

- If you answer yes to any of the questions below a contract may be needed and you should consult with [Research Contracts](#).
- If you answer No to all of the questions below, please forward this completed checklist along with the invoice to [Research Finance](#) who will review your request and if appropriate will process the invoice. Research finance reserves the right to request further information or details if required.

Question	Response
Will this engagement involve sharing of confidential information/intellectual property or sensitive information (e.g., recordings, transcripts) with the service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you (or have you) shared personal health information or biological samples with the service provider? <ul style="list-style-type: none"> • If yes, do you have a data sharing agreement in place with this Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please provide Contract ID#: 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a deliverable (including but not limited to website, logo, prototype) that should be owned by hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an advance payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sponsor/funder require a contract when Unity Health Toronto engages with the service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Unity Health Toronto have any obligations to perform, other than payment for service, under the Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there further work that the service provider needs to complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any further payments, other than those outlined on the invoice, that need to be paid to the service provider, that will exceed \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the total amount of the service exceed \$5,000.00 in the life of the engagement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the service provider a family member of the Principal Investigator (or the individual responsible for the decision to engage this incumbent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the service provider affiliated with an organization in which the Principal Investigator or the Principle Investigator's family member has a financial or ownership interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Family Member includes a spouse, domestic partner, child, parent, sibling, grandparent, grandchild or other close relation. For the purpose of this policy (i.e., Research Conflicts of Interest), a family relationship includes biological relationships, adoptive relationships, relationships created through marriage and other relationships in which care-giving or dependency exists. Please note that if you indicate "Yes", before this hire can be processed this information will be forwarded to the Office of Research Administration for review under the Research Conflicts of Interest Policy)	

Name of Vendor		
Time Frame of Service/Engagement	Start Date:	End Date:
Max Dollar Value of engagement		
Purpose of Engagement/Service & Description of Deliverables		
UHT Principal Investigator Name (<i>Print</i>)		
UHT Principal Investigator Signature		