UCSF Health

Procurement Services

REQUISITION ("REQ")
TRAINING GUIDE

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Instructions

Procurement Services DocuSign Requisition PowerForms are:

✓ Self-service documents which you can access, complete, and submit
  Requisition forms on demand
✓ To be used only for Affiliation Agreements, Capital Purchases, Contracts, RFx's (RFI/RFP/RFQ)
✓ Easy and efficient for obtaining approvals
✓ Trackable via your UCSF DocuSign account

Please note: Continue to use Allscripts (formerly known as PMM or McKesson) for regular supply and repair orders.

Click HERE to access the DocuSign Requisition PowerForms

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Electronic Requisition Using DocuSign

PLEASE NOTE: The turnaround time for a Purchase Order/Contract is about 4 weeks after the Requisition has been received in Procurement and assigned to a Contract Owner. Timelines can be quicker or longer depending on several factors (e.g. contract complexity, vendor cooperation, etc.)

ContracKing, our new and improved contract management tool built on Salesforce, released on May 25, 2020 (View Document)

Pre-Req Checklist

1. Know your cost center(s) and expense code(s)
2. If purchase will be > $100k , please complete a SSPR form (Source Justification & Price Reasonableness) and attach it to the Req (for guidance, see Instructions & FAQ)
3. If UCSF data is involved, please categorize your data (https://www.supplychain-ucsfhealth.org/privacydatasecurity)
4. Attach the applicable quote, contract, or any underlying documentation for background context
5. If it is a renewal or extension of an existing contract/purchase order, please specify the current PO# on the Req and attach the previous signed contract

For further guidance on the Req Form, including a Definitions List and FAQ, please click here.

Step 1
Choose and Fill out the Appropriate Form

Capital Purchases

- Capital Form 1 - value less than $10K
- Capital Form 2 - value less than $50K
- Capital Form 3 - value less than $100K
- Capital Form 4 - value less than $500K
- Capital Form 5 - value more than $500K

Contract Purchases*

- Contract Form 1 - value less than $10K
- Contract Form 2 - value less than $50K
- Contract Form 3 - value less than $100K
- Contract Form 4 - value less than $500K
- Contract Form 5 - value more than $500K

*For contracts with no associated dollar amount (i.e. Affiliation Agreements, MOUs, UCSF as the service provider), please select "Contract Form 1."

Step 2
Enter the PowerForm Signer Information

1. Enter your name and email address as the 'Person Completing Form'.
2. Enter the name(s) and email address(es) of those who will review, approve and sign the form according to stated roles. All roles are required for the selected form. Note: Please make sure to enter the name and email address of the individual as they appear in the UCSF Directory.
3. Do NOT make any changes to the Purchasing Manager
4. After entering the required names and email addresses, click 'Begin Signing'.

NOTE: For all Capital Purchases, there will be names & email addresses already populated for Capital roles – please do NOT make any changes to these.

Example:
Contracts Form 1 – value less than $10K

NOTE: Misspelled or incorrect email addresses will result in undeliverable Requisitions.

3.

Your Role:
Capital Accounting
Your Name:
Todd Myers
Your Email:
Todd.Myers@ucsf.edu

Your Role:
Copy to UC Health Director of Capital
Your Name:
Mark Ramirez
Your Email:
Mark.Ramirez@ucop.edu

Your Role:
Copy to UCSF Health Clinical Technologies Capital
Your Name:
Clinical Technologies Capital Team
Your Email:
ClinicalTechnologiesCapital@ucsf.edu

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Your Role:
Person Completing Form *
Your Name:

Your Email: 1.

Please provide information for any other signers needed for this document.

Your Role:
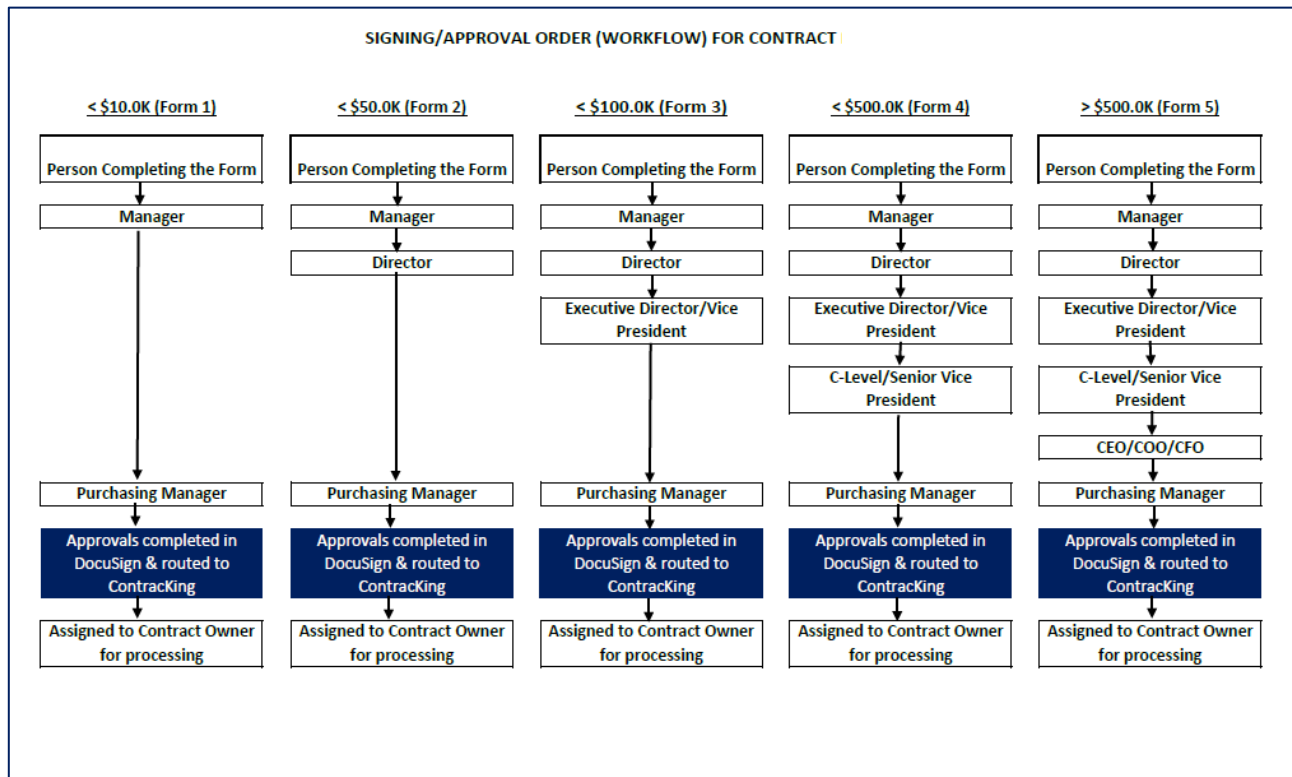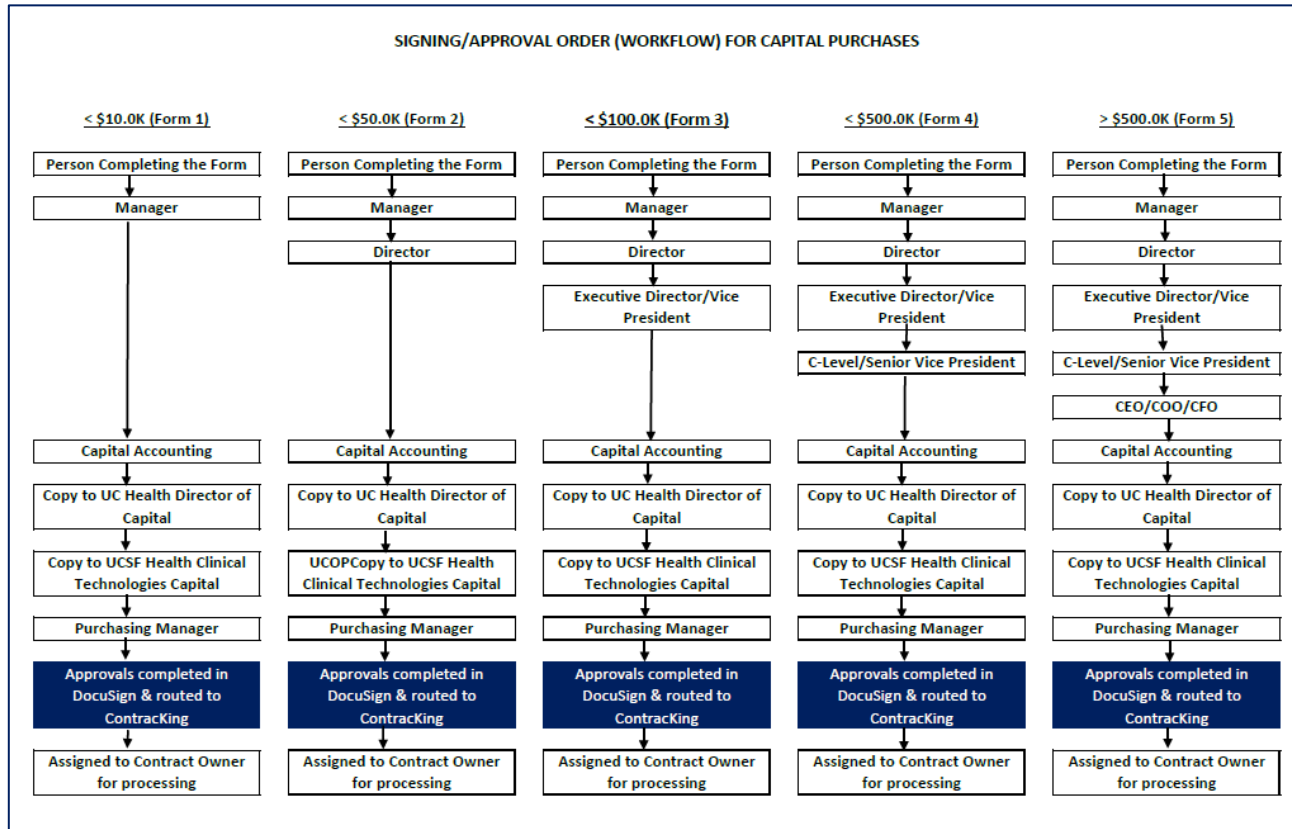**Manager (less than $10K)** *
Your Name:

Your Email: 2.

4.
Begin Signing

Below is for reference of the signing order or approval workflows per Req value:

SIGNING/APPROVAL ORDER (WORKFLOW) FOR CAPITAL PURCHASES

< $10.0K (Form 1)	< $50.0K (Form 2)	< $100.0K (Form 3)	< $500.0K (Form 4)	> $500.0K (Form 5)
Person Completing the Form	Person Completing the Form	Person Completing the Form	Person Completing the Form	Person Completing the Form
Manager	Manager	Manager	Manager	Manager
	Director	Director	Director	Director
		Executive Director/Vice President	Executive Director/Vice President	Executive Director/Vice President
			C-Level/Senior Vice President	C-Level/Senior Vice President
				CEO/COO/CFO
Capital Accounting	Capital Accounting	Capital Accounting	Capital Accounting	Capital Accounting
Copy to UC Health Director of Capital	Copy to UC Health Director of Capital	Copy to UC Health Director of Capital	Copy to UC Health Director of Capital	Copy to UC Health Director of Capital
Copy to UCSF Health Clinical Technologies Capital	UCOPCopy to UCSF Health Clinical Technologies Capital	Copy to UCSF Health Clinical Technologies Capital	Copy to UCSF Health Clinical Technologies Capital	Copy to UCSF Health Clinical Technologies Capital
Purchasing Manager	Purchasing Manager	Purchasing Manager	Purchasing Manager	Purchasing Manager
Approvals completed in DocuSign & routed to ContracKing	Approvals completed in DocuSign & routed to ContracKing	Approvals completed in DocuSign & routed to ContracKing	Approvals completed in DocuSign & routed to ContracKing	Approvals completed in DocuSign & routed to ContracKing
Assigned to Contract Owner for processing	Assigned to Contract Owner for processing	Assigned to Contract Owner for processing	Assigned to Contract Owner for processing	Assigned to Contract Owner for processing

SIGNING/APPROVAL ORDER (WORKFLOW) FOR CONTRACT

< $10.0K (Form 1)	< $50.0K (Form 2)	< $100.0K (Form 3)	< $500.0K (Form 4)	> $500.0K (Form 5)
Person Completing the Form	Person Completing the Form	Person Completing the Form	Person Completing the Form	Person Completing the Form
Manager	Manager	Manager	Manager	Manager
	Director	Director	Director	Director
		Executive Director/Vice President	Executive Director/Vice President	Executive Director/Vice President
			C-Level/Senior Vice President	C-Level/Senior Vice President
				CEO/COO/CFO
Purchasing Manager	Purchasing Manager	Purchasing Manager	Purchasing Manager	Purchasing Manager
Approvals completed in DocuSign & routed to ContracKing	Approvals completed in DocuSign & routed to ContracKing	Approvals completed in DocuSign & routed to ContracKing	Approvals completed in DocuSign & routed to ContracKing	Approvals completed in DocuSign & routed to ContracKing
Assigned to Contract Owner for processing	Assigned to Contract Owner for processing	Assigned to Contract Owner for processing	Assigned to Contract Owner for processing	Assigned to Contract Owner for processing

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After clicking on the "Begin Signing" from the DocuSign PowerForm:

Email Validation Code: 'Person Completing Form' may be required to verify his/her identity through email before accessing and signing the PowerForm. 'Person Completing Form' may receive a validation code via email for the PowerForm.

Email Validation Code

Sent on behalf of DocuSign Support

You recently started signing a document that required email validation.

The Email Validation Code for the document called "**UCSF Health Purchase Requisition** completed by 'Person Completing Form'" appears below. Please type or copy this code and paste it into your browser to continue your signing process.

a118cc2f

If you have closed the browser session that generated this email validation code, you may continue your signing process by clicking below. Signing will not be complete until you have reviewed the document and you have confirmed your signature.

If you DID NOT start signing documents from Sandra Macasieb today, you should immediately notify us.

Resume

'Person Completing Form' must retrieve the code from the email and provide it if/when prompted in order to access the Requisition.

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code

••••••••   VALIDATE   I NEVER RECEIVED AN ACCESS CODE

Show Text

Once validation is accepted, you will be routed to your DocuSign account where you will be able to fill out the Purchase Requisition Form.

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Step 3
Fill out the Requisition Form

1. Click 'Continue' to fill out the Purchase Requisition form.

2. While filling out the form, if you have to stop and continue at a later time, click 'Other Actions' at the top of web page and select 'Finish Later' to save your progress.

3. When ready to submit form for approval signatures, click 'Finish'.

Below is a screenshot of the Req form to be completed *(red indicates a required field response):*

- When 'Person Completing Form' clicks 'FINISH', the Requisition will automatically route to the Recipients in the signing order (workflow) specified in Step 2 PowerForm Signer Information.
- Each Recipient will be sent an email notification to sign the Requisition once the previous Recipient has completed his/her action.

- When all required approval signatures have been obtained, the Requisition will automatically route to the Purchasing Manager.

- Please note the following which is noted on each Requisition:

  NOTE: When a Req is marked "Complete" in DocuSign, it does not mean your Req is completed. It means that the Req has been approved and signed by the appropriate signature authorities, transferred to ContracKing, and assigned to a Contract Owner who will work with you and the Vendor to complete the Req. Contact the assigned Contract Owner about a specific Req or send an email to ContracKing@ucsf.edu for general inquiries.

- Once the Requisition is received and approved by Procurement Services, the Requisition will be closed out in Docusign and you will receive an automated email from DocuSign similar to the following:

- Assignment of Requisition via Salesforce: When the Requisition is assigned to a Contract Owner, the Procurement agent, you will receive an automated email from Salesforce similar to the following:
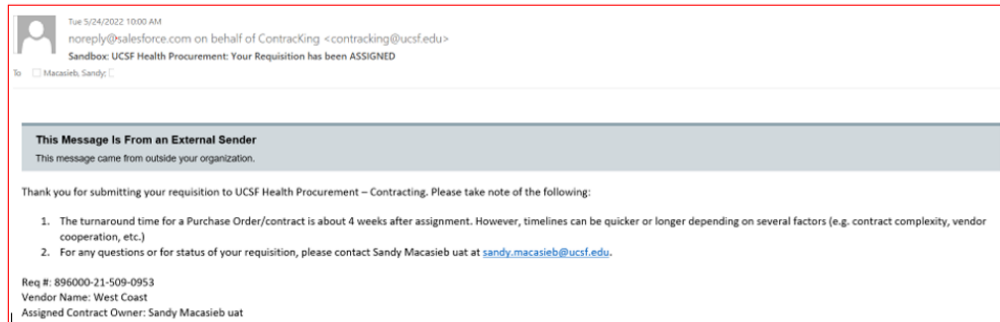
- Contracting Process: Please then work with the Assigned Contract Owner during the contracting process.

- For more information regarding the contracting process, please see https://www.supplychain-ucsfhealth.org/contracting

Definitions for Req Terms

Color code:

- **Auto-populated/system-generated**

- **Required**

- **Optional**

DATE INITIATED – This will auto-populate based on the date you initiated the DocuSign PowerForm.

PLEASE ENTER CURRENT TIME – *(REQUIRED)* Enter the current time in "HHMM", without the colon (":"), at which you begin to populate the Req. For example, 9:30am should be entered as 0930.

REQ NO. (THIS IS A REQ # ONLY, NOT A P.O. #) – *(REQUIRED)* Do not enter or make changes in this area. Below is FYI only:

- 1st red box will auto-populate with the same Cost Center entered in the Cost Center box next to Unit.

- 2nd set of 2-digit number will auto-populate to the calendar year of the REQ (Read-Only)

- 3rd set of numbers will auto-populate daily and be unique to the day (Read-Only)

- 4th set of numbers will auto-populate with your entry for Current Time.

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1.   CONTACT INFORMATION

REQUESTED BY

UNIT – *(REQUIRED)* This will auto-default to "SFMED". Please select the appropriate Business Unit associated with your Cost Center. Click on arrow to display the drop-down menu of options.

COST CENTER – *(REQUIRED)* Please enter a valid Cost Center for this REQ. If multiple cost centers for this Req, please enter the main Cost Center.

EXPENSE CODE* – *(REQUIRED for Affiliation, Contract or RFx)* Please enter a valid Expense Code for this Req. An expense code is an accounting code for the type of expense. If you don't know it, ask your Department Director or contact Accounting for a list of expense codes.

- *For contracts without any associated dollar amounts where an Expense Code is not applicable, please enter "0000."

- Expense Code for Capital Purchase will be populated by Capital Accounting

DEPARTMENT – *(REQUIRED)* Please enter the name of the department requesting the REQ. Department name should be associated with the Cost Center.

PERSON COMPLETING THE FORM ("REQUESTOR") – This will auto-populate with the name of the person who initiated the DocuSign PowerForm.

EMAIL ADDRESS – *(REQUIRED)* This will auto-populate with the email address of the person who initiated the DocuSign PowerForm.

PHONE NUMBER – *(REQUIRED)* Please enter the best contact phone number at which to reach the Requestor.

REQUESTING ON BEHALF OF (FULL NAME OF "PROJECT OWNER") – *(REQUIRED)* Please enter the full name of the person whom you are making the Req request on behalf of. If self, then please enter your full name.

EMAIL ADDRESS – *(REQUIRED)* Please enter the email address of the Project Owner. If self, then please enter your email address.

PHONE NUMBER – *(REQUIRED)* Please enter the best contact phone number at which to reach the Project Owner. If self, then please enter your phone number.

REQUESTED FOR OR DELIVER/SHIP TO

DEPARTMENT – *(REQUIRED)* Please enter the name of the department receiving the goods and/or services.

RM. – *(REQUIRED)* Please enter the room number of such department.

STREET ADDRESS – *(REQUIRED)* Please enter the street address of the department receiving the goods and/or services.

CITY and STATE – *(REQUIRED)* Please enter the city and state of the department receiving the goods and/or services.

ATTENTION – *(REQUIRED)* Please enter the contact name of the UCSF person receiving the goods and/or services.

PHONE NUMBER – Please enter the phone number of the UCSF person receiving the goods and/or services.

VENDOR/OTHER PARTY

VENDOR NAME – *(REQUIRED)* Please enter the name of the vendor or 3rd party from which the goods and/or services will be purchased or acquired.

CONTACT NAME – *(REQUIRED)* Please enter the name of the contact person for the vendor or 3rd party.

EMAIL ADDRESS – *(REQUIRED)* Please enter the email address of the contact person for the vendor or 3rd party.

PHONE NUMBER – *(REQUIRED)* Please enter the phone number of the contact person for the vendor or 3rd party.

2. GOODS AND/OR SERVICES REQUESTED

TYPE OF REQUEST – *(REQUIRED)* Please select the one of the following which is applicable to your request.

- Affiliation – An agreement with another academic institution or organization for student related activities (i.e. internship, externship, rotations, preceptorship, work-study)

- Capital Purchase – Funded by capital dollars and/or meets UCSF Health's capital criteria

  - Capital Budget Number – *(REQUIRED for Capital purchase)* Please enter the capital funding number associated with this Req. If you don't know it, ask your Department Director.

- Contract – a fully executed (signed by both parties) legally binding agreement for the procurement of goods/services that defines performances standards, scope of work, and may involve complex terms associated with purchase/performance; note that the engagement generally should have a defined term (i.e. Equipment maintenance service plan, Consulting engagement, Professional Services, Participation/Registry, Software License, SaaS, etc.)

- RFx (RFI/RFP/RFQ) – Competitive bid/solicitation: Request for Information, Request for Proposal or Request for Quote.

Does this Req involve any changes to an existing contract and/or purchase order? – *(REQUIRED)* Please select "YES" if you are making any changes to an existing contract and/or PO. Changes include but are not limited to adding funds, renewing term, amending SOW, etc.

- **If yes, then what is the PO #** – *(REQUIRED if above is true)* Please enter the PO number to which changes are being made.

- **If you also know the ContracKing #, then please specify**

Please provide a brief description of the goods and/or services and the purpose/business objective for this request. – Please enter the reason for your request, a general description of your request and/or your comments for Procurement or for others in the approval workflow.

Please select "Yes" to attach vendor quote, proposal, SOW and/or other document(s). – *(REQUIRED)* Please select "YES" to submit attachments such as a vendor quote, a vendor statement of work, backup documentation, etc. If "YES" is selected, a paperclip icon will appear. Click on the paperclip icon to attach the document(s).

DESCRIPTION – (*REQUIRED*) Starting with line 1, please enter the description of the goods and/or services requested.

COST CENTER – *(OPTIONAL)* It is only necessary to enter a cost center in this column if you are splitting the cost of an item among multiple cost centers. Please enter each cost center in a separate line with its respective cost amount to be charged.

EXPENSE CODE – *(OPTIONAL)* It is only necessary to enter an expense code in this column if you are splitting the cost of an item among multiple expense codes. Please enter each expense code in a separate line with its respective cost amount to be charged.

QUANTITY – *(REQUIRED)* Please enter the quantity of the goods and/or services to be purchased.

UNIT OF MEASURE – *(REQUIRED)* Please enter the unit of measure in which the goods and/or services will be provided. Examples: each, carton, month, year, etc.

UNIT PRICE – *(REQUIRED)* Please enter the price per unit of measure.

EXTENDED PRICE – This is a formula that will auto-calculate based on Quantity multiplied by Unit Price.

SUB-TOTAL – This is a formula that will auto-calculate based on the dollar amounts in the above Extended Prices.

ESTIMATED SALES TAX – *(OPTIONAL)* Please enter the estimated sales tax if you know it.

TOTAL – This is a formula that will auto-calculate based on Sub-Total and Estimated Sales Tax.

3. SIGNATURE AUTHORITIES

APPROVERS 1-5 – When the Req has been submitted for approval routing, the name and email address of each approver with the respective signature tag will auto-populate based on your entries in the DocuSign PowerForm. Each approver will be required to take appropriate action (sign, decline to sign or assign to someone else) in DocuSign upon receipt in order for Req to be submitted to the Purchasing Manager.

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4. ADDITIONAL DETAILS

Will the purchase include disposables? – *(REQUIRED)* Please select one of the following:

- New - Please submit a New Product Request (link on the Carelinks website)

- Currently Used – It is expected that these items have been approved via a New Product Request

- N/A

Will the purchase include no-charge requests? – *(REQUIRED)* Please select one that is most applicable to your request:

- Equipment Evaluation (short-term)

- Equipment Placement (long-term rental)

- Equipment Purchase through Disposable Usage

- Supply/Implant Consignment

- N/A

What is the desired contract start date? – *(REQUIRED for Affiliation, Contract or RFx)* Please enter the desired start date (MM/DD/YYYY) of the services.

What is the desired contract end date? – *(REQUIRED for Affiliation, Contract or RFx)* Please enter the desired end date (MM/DD/YYYY) of the services.

Number of contract years: This is a formula that will auto-calculate the number of years between the contract start and end dates.

Will the contract involve BCH-Oakland? – *(REQUIRED)* Please select "YES" if the contract will include Benioff Children's Hospital Oakland.

- **If yes, then will the contract involve BCH-Oakland's PHI?** - *(REQUIRED)* Please select "YES" if the contract will include Benioff Children's Hospital Oakland's PHI.

Will this contract involve other UC Locations or UC Affiliates? – *(REQUIRED)* Please select "YES" if the contract will involve other UC Locations or UC affiliates.

- **If yes, then specify which UC Location or UC Affiliate(s).** – *(REQUIRED)*

5. POLICY COMPLIANCE

UC SOURCE SELECTION PRICE REASONABLENESS ("SSPR") – *(REQUIRED)* Please select "YES" if the annual value of the goods and/or services to be purchased will exceed $100,000.

- **If yes, then attach a completed and signed SSPR form.** – *(REQUIRED)* According to UC BUS-43 Policy, you must attach a signed SSPR form with your REQ. If applicable, click on the paperclip icon to attach the signed form. Refer to Instructions to complete SSPR form and/or FAQ for SSPR form.

UC FAIR WAGE/FAIR WORK – *(REQUIRED)* Please select "YES" if the vendor employee(s) will perform any services on-site at any UCSF location.

UCSF HUMAN RESOURCES ONBOARDING – *(REQUIRED)* Please select "YES" if vendor employee(s) will need to be on-boarded to perform services at UCSF.

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- If yes, then the dept. will comply with onboarding requirements. For more information about the UCSF Human Resources policy, refer to https://www.supplychain-ucsfhealth.org/copy- of-onboarding

REGENTS' POLICY 5402 CONTRACING FOR COVERED SERVICES – *(REQUIRED)* Please select "YES" if the vendor will provide any of the following Covered Services:

- o Custodial
- o Cleaning
- o Janitorial, Food Services
- o Laundry Services
- o Groundskeeping
- o Building Maintenance
- o Transportation
- o Parking Services
- o Security Services
- o Billing/Coding Services
- o Sterile Processing
- o Hospital Assistant Services
- o Nursing Assistant Services
- o Medical Imaging
- o Medical Technician Services

- **If yes, then consult with the Human Resources Business Partner and attach approval to outsource** – *(REQUIRED)* Click on the paperclip to attach the approval document.

For more information regarding the Regents' Policy: https://regents.universityofcalifornia.edu/governance/policies/5402.html

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UCSF PRIVACY AND DATA SHARING – *(REQUIRED)* If UCSF data will be shared with vendor or third party, please select one of the following:

- **PHI** – Protected Health Information

- **PII** – Personally Identifiable Information

- **UCSF DATA** – non-public, UCSF confidential information/data

    o If UCSF Data, then please provide description of data being shared – *(REQUIRED if UCSF Data is selected)*

- **N/A** – Not Applicable or no data sharing

If sharing data, then the department confirms to follow UCSF's privacy & data sharing guidelines. For further guidance on data types and security, please see https://www.supplychain-ucsfhealth.org/privacydatasecurity and https://data.ucsf.edu/data-sharing.

UCSF IT SECURITY RISK ASSESSMENT – *(REQUIRED)* Please select "YES" if the contract will involve or include software or cloud application?

If yes, then an IT Security risk assessment may be required. For more information: https://it.ucsf.edu/service/it-security-risk-assessment

- **Have you already requested an IT Security Risk Assessment?** – *(REQUIRED if a "YES" response to software or cloud application)* Please select "YES" if an IT Security Risk Assessment has already been required.

    o If yes – *(REQUIRED)* Click on the paperclip to attach the IT Security email stating either a risk assessment is not required or that a risk assessment has been initiated or completed.

    o If no – then please request a security risk assessment within 24 hours after submitting this Req. Use the following url address to submit a request for a system security risk assessment: https://ucsf.service-now.com/ess/sec_risk_assessment.do

    o If you are unsure whether a security risk assessment is required, please contact UCSF IT Security with any questions at datasecurity@ucsf.edu

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(TO BE INITIALED BY APPROVER 1)

By initialing here, I, as Signature Authority, hereby certify the above compliance responses are true and correct to the best of my knowledge. – *(REQUIRED for Approver 1)* Approver 1 will be prompted to initial as attestation to the above responses submitted by the Requestor. If any items are incorrect and/or changes need to be made, then contact Procurement Services at ContracKing@ucsf.edu, include Req number in your email. Note that the Req may need to be voided and replaced with new Req.

NOTES – *(REQUIRED)* Person Completing the Form (or Requestor) and Manager (or Approver 1) will be required to initial in the appropriate space to attest their acknowledgement of the notes.

NOTES:
1) When a Req is marked "Complete" in DocuSign, it does not mean your Req is completed. It means that the Req has been approved and signed by the appropriate signature authorities, transferred to ContracKing, and ASSIGNED to a Contract Owner who will work with you and the Vendor to complete the Req.
2) The turnaround time for a Purchase Order/contract is about 4 weeks after assignment. However, timelines can be quicker or longer depending on several factors (e. contract complexity, vendor cooperation, etc.).
3) Contact the assigned Contract Owner about a specific Req or send an email to ContracKing@ucsf.edu for general inquiries.

By initialing here, I hereby acknowledge the above notes, including the expected turnaround times.

_____   _____
Requestor   Approver 1

Frequently Asked Questions

Q: What if I have more than one cost center and expense code?

A: Please use different lines in the Description on the Req to separate the product/service and the corresponding cost center and expense code.

Q: What if I don't know whether there is an existing contract and/or PO?

A: If you know the last Contract Owner/Buyer who worked on the contract/PO, you may contact them directly. You may also contact the Purchasing Manager for general inquiries. Otherwise, please leave blank or a note, and our team will check once the Req routes through and gets assigned to the appropriate Contract Owner/Buyer. Once the Req gets assigned, you will get an automatic notification of who the Contract Owner/Buyer is for that Req and ask that individual as to whether there is an existing contract/PO.

Q: What if I need more space on the Req?

A: If you have a quote/proposal from the vendor, you do not need to retype or recreate those line items on your Req. It is acceptable to aggregate the charges into a single line (or a few lines as needed to delineate different cost centers for specific charges). Just be sure the Req's ESTIMATED TOTAL contains the appropriate total funding, and the quote/proposal is attached to the Req.

Q: What if there is no associated dollar amount with this purchase?

A: If there is no dollar amount with this purchase, please use select "Contract Form 1" as follows:

- Contract Form 1 - value less than $10K

Note that if it is a "no-charge," where there is contract value associated to the transaction, but there will be no outgoing dollars or payment by UCSF, such as for an equipment or software evaluation, please still select the corresponding Contract Form for the actual dollar value of the transaction. For example, if it is an evaluation for equipment that is $250k, then use "Contract Form 4 – value less than $500k," and follow the standard process.

Q: What if the contract is for UCSF providing services?

A: If UCSF is providing services to another organization or institution (ex: UCSF Pathology provides lab services to the VA), then please select "Contract Form 1." The manager who signs the Req should be the primary responsible UCSF manager or stakeholder overseeing the service.

Q: What if UCSF is not purchasing a product and/or service (i.e. Affiliation Agreement, MOU, etc.)?

A: If UCSF is not purchasing a service but a contract still needs to be established, please select the corresponding contract form for the value of the transaction.

If there is no dollar amount associated, please use "Contract Form 1."

For Affiliation Agreements, the manager who signs the Req should be the UCSF manager or stakeholder who is overseeing the program (i.e. internship, externship, preceptorship, etc.) and/or student and will be the main primarily point of contact with the Affiliate School.

For MOUs, the manager who signs the Req should be the manager or stakeholder who is overseeing or responsible for the objective and UCSF's responsibilities under the contract for the program, service, or project.

Q: What if UCSF is currently engaging in exploratory discussions and require a Non-Disclosure Agreement ("NDA") and/or Business Associate Agreement ("BAA")?

A: Please submit a Req using "Contract Form 1" to initiate the request for an NDA or BAA so this gets documented, logged, and tracked in our system(s) accordingly.

For additional resources on general data security and when a BAA is needed, please see
https://www.supplychain-ucsfhealth.org/privacydatasecurity

For additional resources on UC's Data Classification standards, please see:
https://it.ucsf.edu/standard-guideline/ucsf-policy-650-16-addendum-f-ucsf-data-classification-standard#Model

Q: What if there is an existing agreement that is being amended but there are no additional expenditures?

A: Please contact the Contract Owner who had handled the agreement to determine what would be the best contract approach to take. If it is determined that a new contract Amendment does need to be signed, then please submit a Req using "Contract Form 1" assuming there are no additional expenditures. Otherwise, submit a Req using the Contract Form that corresponds to the dollar amount.

Q: What if I want to terminate an existing agreement?

A: Please contact the Contract Owner to consult on the terms of the existing agreement to determine the appropriate steps and the basis of the termination. Often times, UCSF can terminate for no reason by giving written notice of a specified number of days in the contract (ex: 60 days). Written notice may be informal, which may take form of an email from the Department; or it may be formal, which takes the form of a written letter from the Procurement Office. This depends on (1) the terms of the contract; and (2) the relationship and preferences of the parties. Please contact our Office for further consultation. If you do not know the Contract Owner of the agreement, please contact contracking@ucsf.edu.