

**DREXEL UNIVERSITY
COM, CONHP, SPH
Contract Protocol Review Form**

CONTRACT SUMMARY					
COLLEGE OF MEDICINE	COLLEGE OF NURSING & HEALTH PROFESSIONS	SCHOOL OF PUBLIC HEALTH			
INITIATOR (Name, Phone, Fax, E-Mail)					
INITIATOR'S DEPARTMENT (Department Name, Location, Mail Stop)					
OTHER CONTRACTING PARTY(IES)					
BRIEF DESCRIPTION OF CONTRACT (Affiliation, Service, Lease, etc.)					
CONTRACT AMOUNT	START DATE	EXPIRATION DATE	AUTOMATIC RENEWAL	YES	NO
PROTECTED HEALTH INFORMATION (PHI): Will contractor have access to or provide PHI?				YES	NO
SANCTION CLEARANCE: (COM only) Is Sanction Clearance attached?				YES	NO
CONTRACT TO BE REVIEWED BY:					
DEPARTMENT (PRINT NAME)	Reviewed By: (INITIAL)	Date In	Date Out		
Comments:					
FINANCE (PRINT NAME)	Reviewed By: (INITIAL)	Date In	Date Out		
Comments:					
CEO DUP/Sr. Assoc Dean Finance & Admin (PRINT NAME)	Reviewed By: (INITIAL)	Date In	Date Out		
Comments:					
OTHER (PRINT NAME) (Facilities, IT, Compliance, ETC.)	Reviewed By: (INITIAL)	Date In	Date Out		
Comments:					
RISK MANAGEMENT (PRINT NAME)	Reviewed By: (INITIAL)	Date In	Date Out		
Comments:					
LEGAL (PRINT NAME)	Reviewed By: (INITIAL)	Date In	Date Out		
APPROVED AS TO LEGAL FORM.					
Comments:					