

**DREXEL UNIVERSITY**  
**Contract Protocol Review Form**

<b>CONTRACT SUMMARY</b>			
<input type="checkbox"/> ANS		<input type="checkbox"/> COM	
<input type="checkbox"/> CONHP		<input type="checkbox"/> SPH	
<input type="checkbox"/> DU			
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 <input type="checkbox"/> YES <input type="checkbox"/> NO
PROTECTED HEALTH INFORMATON (PHI): Will contractor have access to or provide PHI or PII? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SANCTION CLEARANCE: Is Sanction Clearance attached? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>(Required for COM, CONHP, SPH)</b>			
<b>CONTRACT TO BE REVIEWED BY:</b>			
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
<input type="checkbox"/> APPROVED AS TO LEGAL FORM.			
Comments:			