HMS Procurement serves as the campus resource for vendor agreements. HMS Procurement will collaborate or triage to the following offices as needed:

<table>
<thead>
<tr>
<th>University Level Strategic Procurement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>➡️ University-wide master agreements</td>
</tr>
<tr>
<td>➡️ Established relationships</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Sponsored Programs Administration (SPA):</th>
</tr>
</thead>
<tbody>
<tr>
<td>➡️ Purchase of data</td>
</tr>
<tr>
<td>➡️ Work involving IRB / IACUC approval at vendor site</td>
</tr>
<tr>
<td>➡️ Purchase from another academic institution</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office of Academic &amp; Research Integrity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>➡️ When vendor is performing a clinical research operation or service</td>
</tr>
<tr>
<td>➡️ When vendor requests a business associate agreement</td>
</tr>
<tr>
<td>➡️ When vendor relationship requires an export</td>
</tr>
</tbody>
</table>

All initial reviews and responses to the vendor or draft agreement to the vendor will be prepared within five (5) business days.

*creates an obligation – contracts, quotes, T’s & C’s, licenses, PO, etc.*
We are looking for volunteers to pilot with us:

- Stress test – work thru process
- Validate process flow
- Validate SLA
- Provides value?
- Reduce risk
- Increase visibility
- Contract warehouse
- Use of Harvard contracts
Vendor Agreement Review Request Questionnaire

Purchaser / Contact Name: __
Vendor Name / Location: __
Fund / Account Number: __

1) Is this your first experience / purchase with this vendor?  Yes ___ No ___
   If no, please summarize your relationship, e.g. has the past performance been satisfactory? ______
   Are you aware of any master agreements with this vendor? ________________________________
   When and with whom did they negotiate their most recent agreement, to your knowledge? ______

2) Is the vendor a domestic entity / person?  If the vendor is not domestic, please describe any materials or
   information you plan to ship to or receive from the vendor. Yes ___ No ___
   Description of materials / information: _________________________________________________
   Will you be purchasing or receiving human subjects data from the vendor? Yes ___ No ___
   If yes, please describe: __________________________________________________________________

3) Is the vendor performing work that meets the definition of human subjects or vertebrate animal research?
   _____________________________________________________________________________

4) Does the vendor require an IRB or IACUC approval to perform the work? Yes ___ No ___
   If the vendor is performing work that meets the definition of human subjects or vertebrate animal research,
   please provide a brief description of the work here. _______________________________________

5) List/describe all other agreements related to this vendor agreement, i.e., confidentiality agreement, license,
   MTA, other agreement. (The goal is to identify any overlap between the obligations of other related agreements
   with the vendor as well as any pre-existing relationships with other third parties.) ______________