

CLINICAL AGREEMENTS

This questionnaire is designed to assist contract liaisons with the preparation and, if required, submittal of clinical agreements to the Office of the General Counsel for review.



• **Begin Questionnaire**

Where is the Facility located?



- **Within Connecticut**



- **Outside of Connecticut**



Did you use the AG approved Template or OGC's In-State Clinical Model Agreement (with Addendum)?

 • YES

 • NO



Did you use the AG approved Template or the OGC's Out-of-State Clinical Model Agreement?



• YES



• NO



Have any modifications been made to the Model Agreement or Template?

 • YES

 • NO



NO OGC REVIEW REQUIRED



- **Unmodified Templates and Clinical Model Agreements do not need OGC review.**
- A copy of the fully executed Clinical Agreement and [Nondiscrimination Certification](#) (for In-State Facilities only) must be retained in accordance with the applicable University/State [file retention period](#).



OGC REVIEW REQUIRED!



- **Modified Model Agreements or Templates REQUIRE OGC review prior to execution.**
- Upload the draft Clinical Agreement for pre-review and complete the Clinical Agreement Submission form at:

http://uconncontracts.uconn.edu/submit_clinical_agreement/

- When possible, please provide a redlined version of the Agreement highlighting all modifications.



OGC REVIEW REQUIRED!



- **All Clinical Agreements drafted by a Facility REQUIRE OGC review prior to execution.**
- Upload the draft Clinical Agreement for pre-review and complete the Clinical Agreement Submission form at:

http://uconncontracts.uconn.edu/submit_clinical_agreement/

- Please be sure to include any and all required provisions as referenced in the Clinical Agreement Submission Form.

