

**[Insert Company Name and/or Logo]**

<b>Form</b>	
<b>Title:</b>	Consulting Service Request Form
<b>Purpose:</b>	Use this form to request approval of HCP consulting services
<b>Effective Date:</b>	[Enter date]

**Project Proposal - Summary**

Requester / Contract Manager Name	Last Name, First Name		
HCP Name	Last Name, First Name	Bank:	Bank Name
Address			
ZIP / City			
Country			
Phone / Fax-Numbers	IBAN:		
E-Mail	Account:		
Hospital Affiliation	<input type="checkbox"/> BLZ, <input type="checkbox"/> Swift, <input type="checkbox"/>		
Consultant Experience Form Completed (see attached)	<input type="checkbox"/> Yes	Last Name, First Name	
Is HCP an existing KOL	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Contract Requested	<input type="checkbox"/> Education <input type="checkbox"/> Consulting <input type="checkbox"/> Clinical Studies <input type="checkbox"/> Development		
Additional Required Language	<input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____		
Duration of Agreement	Start: _____, End: _____ (dd mm yy)		
Requested Fee / Hourly Rate (comply with FMV rates)			
Total Amount of Contract	Not to exceed (specify currency and amount):		
Summary Description of Services (use the attached Work Plan to provide details)	<b>Activities</b>	<b>Anticipated Hours</b>	<b>Fee</b>
Percentage Fee (Royalty)	(valid just for development)		
Cost Center to be Charged			
Account # to be Charged			

**Compliance Certification**

I hereby certify that:

1. The information provided in this request is true and complete to the best of my knowledge after reasonable investigation.
2. The requested Services do not exceed those which are reasonably necessary to accomplish the commercially reasonable business purpose of the company.
3. The compensation has been determined in a good faith, commercially reasonable manner that does not take into account the volume or value of any actually or potential product or service referrals or business otherwise generated by the HCP.
4. The HCP has been selected based on his/her relevant skills, experience and qualifications and not as a reward for past purchase of Company products or an express or implicit agreement to purchase Company products now or in the future.

Requester / Responsible Employee: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**[Insert Company Name and/or Logo]**

**Approvals**

<b>Position</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
[Enter relevant role]	Deviation)		
[Enter relevant role]	Deviation)		

**Consultant Experience**

Depending on the event for which the HCP is proposed to be engaged, please specify the experience in Table A "Medical Education" or Table B "Non-Medical Education event"

**Table A – Medical Education**

Lab Training:
Live Surgery Web Cast:
Podium Training:
Short Education Sessions:
Telementoring
VSP's:
Other:
International:
Publications:

**Table B – Non-Medical Education Event**

Clinical Research Studies:
Desing Teams
Evaluation and Feedback Teams
Marketing Collateral/Technical Reference
RI Studies
Sales Rep Training
Strategic Boards and Panels
International:
Publications:

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**Work Plan**

**\*Types of Activities (Statement of Work Summary)**

- |   |                                |
|---|--------------------------------|
| 1. Evaluation & Consultation            | 5. Delivery of Presentations   |
| 2. Time/Cost Reducing Enhancements      | 6. Surgical Observers          |
| 3. Promotional Materials & Publications | 7. Market Research Information |
| 4. Preparation of Presentations         | 8 Travel                       |

**Quarter 2012**

Activity Type*	Service Planned	NA ID-#	Estimated Hours

**Quarter 2012**

Activity Type*	Service Planned	NA ID-#	Estimated Hours

**Quarter 2012**

Activity Type*	Service Planned	NA ID-#	Estimated Hours

**Quarter 2012**

Activity Type*	Service Planned	NA ID-#	Estimated Hours

**Summary**

Activity Type*	Total Hours	Fee	TOTAL Amount
1			
2			
3			
4			
5			
<b>TOTAL</b>			