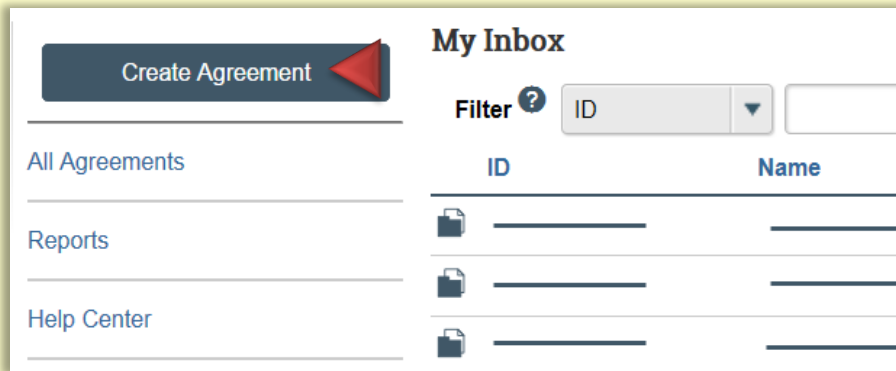**UT Southwestern**
Medical Center

eAgreements
Research Service Agreement (RSA)
Submission Guide

Create the Agreement

From My Inbox, click the **Create Agreement** button.

Agreement Upload

Complete the **Agreement Upload** page and click **Continue.**

Agreement Upload

* 1.0 Principal Investigator:

[   ] [...]

* 2.0 Entered by (Department Contact, Department Administrator, Study Coordinator, etc.):

[   ] [...]

* 3.0 If you have an agreement draft, upload it here. Otherwise, check the "UT Southwestern to generate first draft" box: ❓

[   ] [Choose File]

UT Southwestern to generate first draft? ☐

* 4.0 Provide a short name for the agreement: ❓

[   ]

* 5.0 Agreement type: ❓

[▼]

6.0 Supporting documents:

[+ Add]

Name

There are no items to display

7.0 Description:

[   ]

1.0 Type or select the Principal Investigator name.

2.0 Automatically populates with the logged on user. This user can submit the agreement on behalf of the PI.

3.0 If the sponsor provided a draft agreement, upload it here. Otherwise, select the checkbox.

Select the question mark icon for specific help text.

4.0 Provide a name for the agreement.

Select the question mark icon for specific help text.

5.0 Select the **Subaward** option.

Select the question mark icon for specific help text.

6.0 (Optional) Attach any supporting documents.

7.0 (Optional) Add descriptive information, as needed.

General Information

Complete the **General Information** page and click **Continue.**

General Information

* 1.0 Select an organization:
NOTE - If you cannot find the organization in the list, select "Other."

Other   [•••]   ⊗

    * If you cannot find the organization in the list above, enter its information here:
    Contracting Party Name:

    [_____]

* 1.1 Contracting party contact name: ❓

[_____]

* 1.2 Contracting party contact e-mail:

[_____]

* 1.3 Contracting party contact phone:

[_____]

2.0 Add additional Contracting Parties:

[+ Add]

Organization	Contracting Party Name	Contact Name	Contact Email	Contact Phone
There are no items to display

3.0 Select any related projects:

[_____] [•••]

Name	ID	Project State		Owner
There are no items to display

4.0 Agreement team members: ❓

[_____] [•••]

Name	E-mail	Phone
There are no items to display

1.0 Type or select the name of the contracting party. Select "Other" if the organization is not listed and type its name. The wildcard symbol (%) can be used when typing the name or searching the list.

1.1 – 1.3 Provide the contracting party's contact name, email, and phone number.

Select the question mark icon for specific help text.

2.0 (Optional) Add any additional contracting parties.

3.0 (Optional) Select any related agreements that are in the system.

4.0 Add individuals at UT Southwestern who require access to the agreement.

Select the question mark icon for specific help text.

Complete the **Research Service Agreement Information** page and click **Finish.**

Research Service Agreement Information

* **1.0 Upload Notice of Award:**

[**+ Add**]

There are no items to display

* **2.0 SPA Award Number (e.g. OPA0001234 or SPA0001234):**

NOTE - If you cannot find the award in the list, select "TBD." (?)

[None] [...]

* **3.0 Prime Sponsor:**

[   ] [...]

* **4.0 Chart of Accounts Information:**

[None] [...]

5. Budget Information:

5a. Salary: (?)

[   ]

5b. Fringe:

[   ]

* **5c. Total Cost:**

[   ]

5d. Attach the budget, as needed:

[**+ Add**]

There are no items to display

* **6. Service Start Date:**

[   ] [📅]

* **Service End Date:**

[   ] [📅]

1.0 Select **Add** to upload the Notice of Award.

2.0 Select the SPA Award number.

Select the question mark icon for specific help text.

3.0 Type or select the Prime Sponsor name.

4.0 Select the **ellipsis (...)** to provide the chart of account information associated with the agreement.

5.0 Provide the agreement budget information.

6.0 Provide the research service agreement start and end dates.

Complete the **Research Service Agreement Information** page and click **Finish.**

* 7. Is the contracting party Children's Medical Center?
○ Yes ○ No Clear

* 8. Vendor Type:
○ Domestic
○ Foreign Individual
○ Foreign Organization
  Clear

9. Vendor's Performance Site:

Name: ❓

[   ]

Address:

[   ]

City:

[   ]

State:
[-- Select One -- ▼]

Zip Code:

[   ]

Country:
[-- Select One -- ▼]

EIN Number:

[   ]

DUNS Number:

[   ]

Congressional District:

[   ]

Institution Type:
[▼]

7.0 Indicate whether the contracting party is Children's Medical Center.

If yes, question 8.0 is not required.

8.0 Select the vendor type.

Depending on the selection, upload of the vendor W9, W-8BEN, or W-8EXP is required.

9.0 Provide information about the performance site.

Select the question mark icon for specific help text.

Research Service Agreement Information (continued from Pages 5 and 6)

Complete the **Research Service Agreement Information** page and click **Finish.**

* 10. Vendor's Financial Contact:

[None] ...

* 11. Vendor's Signing Official:

[None] ...

10.0 Provide the name and contact information for the vendor's financial contact.

11.0 Provide the name and contact information for the vendor's Signing Official.

After clicking **Finish**, the Agreement Workspace will appear.

Submit the Agreement

From the Agreement Workspace, click the **Submit** button on the left side of the screen.