**Subcontractor Request Form**

Please complete a separate form for each subcontractor retained by vendor that may use, create, collect, receive or access Mayo Clinic’s data.

|  |
| --- |
| Name of vendor |
|  |
| Name and address of subcontractor |
|  |
| Approximate size of subcontractor (number of employees) |
| 1-150 \_\_\_\_\_ 151-5,000 \_\_\_\_\_ 5,000+ \_\_\_\_\_ |
| Services provided by the subcontractor, **please provide as much detail as possible.** |
|  |
| Extent to which subcontractor has access to Mayo Clinic’s data, **please provide as much detail as possible.** |
|  |
| Has the subcontractor had an independent review of their security (SOC 2 or similar)? If so, please provide a copy of the outcomes. If not, please explain. |
| Yes \_\_\_\_ No \_\_\_\_ |  |
| Does the vendor have a BAA in place with this subcontractor? If so, please provide a copy of the BAA. If not, please explain. |
| Yes \_\_\_\_ No \_\_\_\_ |  |
| **If the subcontractor or any of their personnel will have offshore access to Mayo Clinic data,** please provide the location of the offshore access, the approximate number of individuals with access and the business reason(s) for the access. |
|  |

1245722.4