|  |  |
| --- | --- |
| Return with signatures to the **Office of Research (Waitzer Hall, Suite 1112) or** **EVMSResearch@evms.edu****). Incomplete forms will not be accepted.** |   |
| **1a**. Principal Investigator/Project Director  |  | **1b**. Dept. |  |
| **2a**. Co-Investigator/Co-Principal Investigator  |  | **2b**.Dept. |  |
| **3a**. Co-Investigator/Co-Principal Investigator  |  | **3b**. Dept. |  |
| **4a**. Co-Investigator/Co-Principal Investigator  |  | **4b**. Dept. |  |
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| ***5.*** *LIST ALL OTHER INDIVIDUALS DEEMED “INVESTIGATORS” (PEOPLE WITH THE “****RESPONSIBILITY*** *OVER THE DESIGN, CONDUCT OR REPORTING RESEARCH” ) BELOW:****INVESTIGATORS****:*   |

 |
| **6. Project Title (you must attach a project description)**:       |
| **7.** Name of Collaborating Institution/Person |       |
|  **8.** Collaborator Contact Info (E-mail and phone #) |       |
| Proposed Project Period | **9a.** Start date:       | **9b.** End date:       |
| **10.** Study Site: | [ ]  On Campus – (EVMS Property) | [ ] Off Campus – Location       |
| **11.** Research category: | [ ]  Basic - 132 | [ ]  Clinical - 131 | [ ]  Teaching/Training – 149  | [ ]  Service - 151 |
|  |  |  |
| **12.** Animal Research? | [ ]  No | [ ]  Yes | [ ]  IACUC Approved: Protocol # Expiration date  | [ ]  IACUC approval pending [ ]  Future submission |
| **13.** Human Research? Such as use of specimens, data, or records | [ ]  No | [ ]  Yes | [ ]  IRB Approved: Protocol # Expiration date  | [ ]  IRB approval pending [ ]  Future submission |
| **14.** Radioisotopes or radiation-producing machines used?(e.g. fluoroscopy, x-ray) | [ ]  No | [ ]  Yes | [ ]  Authorized: User Authorization # Issued To  | [ ]  Authorization pending[ ]  Future submission |
| **15.** Recombinant/Synthetic DNA, biohazards/ infectious agents, animal or human cells/tissues and/or risk group 2? | [ ]  No | [ ]  Yes | IBC Last Approval Date       | [ ]  Approval pending[ ]  Future submission |
| **16.** Financial or other Conflict of Interest?For PI or other Key Personnel (Investigators) | [ ]  No | [ ]  Yes (Conflict of Interest must be reviewed by COI Committee) | A Disclosure Form must on file in the Office of Research. EVMS requires disclosures to be updated on at least a yearly basis or within 30 days of significant changes in the financial status of the investigators |
| **17.** Do you anticipate inventions, ideas, or technologies that (may) result from this project?  | [ ]  No   | [ ]  Yes (You must contact the Office ofTechnology Transfer for Inventions and Discoveries Policy information) |
| **18.** Subcontracts/Payments to other entities | [ ]  No | [ ]  Yes (You must contact the Office of the General Counsel to determine if a contract is needed) |
| **19. Amount**  $(If this project will utilize funds or resources from an EVMS Center, you must obtain the signature of the Center Director on page 3)  |

**ASSURANCES AND APPROVALS**

**Principal Investigator**:

 (Printed name)

I certify that this research project/collaboration complies with all Institutional and departmental requirements and that I will have secured, obtained, or have requested the approval of all appropriate compliance committees prior to **final execution** of this agreement **and initiation of the project**. I further certify that I will withdraw my request to execute this agreement if approval needed for any pending items is not received from the appropriate committees.

I understand that my project must also be reviewed and approved for chemical and physical safety concerns by the Chemical and Environmental Safety Committee and the Radiation Safety and Environmental Health and Safety (RS&EHS) office. Their approval does not imply that every safety aspect is addressed in the grant; safety in the laboratory is, as always, the responsibility of the principal investigator. I also understand that my project must be reviewed and approved by all other appropriate committees prior to the initiation of the project.

I understand that if my project will be funded internally by EVMS, by the Leroy T. Canoles, Jr. Cancer Research Center, or by the M. Foscue Brock Institute for Community and Global Health Approval, the project, including my protocol and/or any related budget, must be reviewed and approved by the funding department.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-PIs/Co-Investigators**

I acknowledge my participation in this project as proposed.

**Co-Investigator**:       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Investigator**:       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Investigator**:       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PI/PD Department Chairman (printed name):**

1. I certify that I have reviewed this proposal for merit.

2. I certify that taking this proposal into account, the PI is not accounting for more than 100% of his/her effort.

3. If **EVMS Health Services** employees are included in this project, I certify that the department is maintaining its clinical responsibility

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-I and Co-PI: Please submit to your department chair for approval and signature if you are in a different department than the PI/PD**

**Chair:**      Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chair:**       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chair:**       Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I certify that I have reviewed this proposal for merit.

2. I certify that taking this proposal into account, the PI is not accounting for more than 100% of their effort.

3. If **EVMS Health Services** employees are included in this project, I certify that the department is maintaining its clinical responsibility.

**Leroy T. Canoles, Jr. Cancer Research Center or M. Foscue Brock Institute for Community and Global Health - Approval**

*Signature required if using funds or other resources from the Centers above. \*Note: Failure to provide a protocol or project details or other information requested by the Center Director may result in funding denial.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Center Director

**For Office of Research use below this line**

**EVMS Business Management - Approval**

Funding Department/Office or name of grant

Department Code Account Code

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Director of Business Management

**Vice Dean for Research**:

I certify that the above named Principal Investigator is in compliance with all relevant institutional requirements (e.g. appropriate committee approvals, etc.) or that the appropriate steps have been taken to assure compliance.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 William J. Wasilenko, Ph.D.