

MMRF APPLICATION FOR EXTERNAL RESEARCH SUPPORT

1. Submitted to (Agency): _____ 2. Agency Due Date: _____

3. Application Title: _____

4. Special mailing instructions (be as specific and complete as possible. Federal Express will not deliver without a street address. P.O. box is not acceptable for overnight or 2-day delivery.) N/A

5. Principal Investigator(s): _____ 6. Department(s): _____

7. Application is: New Renewal Continuation Supplement
 If other than new, provide MMRF account number: _____

8. Proposed duration and amount requested:
 Budget Period From _____ To _____ Amount \$ _____
 Project Period From _____ To _____ Amount \$ _____

9. Does this proposal contain any proprietary information? Yes No

10. Does this project involve:

			Approval Status		Approval Date / #
Yes	No		Yes	Pending	
<input type="checkbox"/>	<input type="checkbox"/>	Human Subjects. If yes, have you received approval from the Human Subjects Research Committee (347-8528) using their Request for Approval?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Live Vertebrate Animals. If yes, have you received approval for this study from the Animal Care Committee (337-7370) within the past three years? If yes, indicate approval date and number. If no, attach a copy of the Animal Usage Form for transmittal to the committee.	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Recombinant DNA, Radiation Sources, Hazardous Materials, Biohazards. If yes, file a statement with the Safety Committee (347-5967) outlining materials being used and disposal requirements. Attach copy of letter and Safety Committee approval to this form.	<input type="checkbox"/>	<input type="checkbox"/>	_____

11. Is sufficient suitable laboratory and office space available to do this project? If yes, this space is located in (building and room): _____ . If no, your space requirements must be discussed with your Department Chief for presentation to the Space Committee.

12. Is any equipment needed to accomplish this project available from existing inventories? If yes, this equipment is located

in (building and room): _____. If no, then needed equipment must be budgeted for in proposal.

13. Does the research involve financial relationships that could create conflicts of interest?

- No
- Yes. If yes, please provide details below in the space provided.

14. Where and by whom was the study designed?

- The sponsor designed the study/developed the protocol.
- Study design and protocol development involved both sponsor and myself.
- I designed the study/developed the protocol independently of the sponsor.

If you were involved in the design of the study, were you compensated for that effort?

- No
- Yes. If yes, please provide details below.

15. Do you have any proprietary or equity interests (patents, trademarks, copyrights, and licensing agreements) in the sponsor funding this research?

- No
- Yes. If yes, please provide details below.

16. Will you receive any other types of remuneration (grants, retainers, honoraria, consulting arrangements, incentive payments) from this sponsor during the study or for a period of 2 years following the completion of this research?

- No
- Yes. If yes, please provide details below.

If you answered yes to any of the questions above, an MMRF staff person may contact you for more information to determine if review by the full COI Committee is needed at this time.

APPROVALS AND CERTIFICATIONS

The information provided on this form is correct to the best of my knowledge. In the event this application is awarded, I (we) agree to abide by all applicable institutional and sponsoring agency policies and procedures and to follow commonly accepted scientific practices in recording and maintaining records of research.

Principal Investigator Signature

Date

We certify that the above statements are correct to the best of our knowledge. We agree that the scientific objectives of this application are in keeping with Foundation goals.

Division Head Signature

Date

Department Head Signature

Date