

Route Sheet for Research Documents

ORA Use: _____ Date Rec'd: _____ Log #: _____

Choose one: (*NOTE- TO FACILITATE PROCESSING, PLEASE PROVIDE ALL REQUESTED INFORMATION.)

- Grant New Revised Continuation of # _____ UTRF UT
 Contract proposal Subcontract Proposal
 Contract Subcontract \$in _____ /\$out _____
 Material Transfer Agreement
 Confidentiality Agreement Name and number of person to call with questions:
 Other _____ Name: _____ # _____
Pickup Name: _____ # _____
Coordinator Name/Fax: _____ # _____

Airbill (attached), or Fed Ex/UPS Account # to charge: # _____

Title of Proposal: _____

Please list five key words: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Please attach an abstract or brief description of project (preferably in lay terms).

Be sure to attach additional sheets if more than one investigator is participating

Name of Investigator: _____ Phone: _____
Department: _____ Base Acct # **E** _____

Name of Sponsor/Agency/Other Party: _____
Sponsor/Agency/Other Party Contact Name and Address: _____
Phone: _____

Performance Period: Year 01 _____ through _____ Amount: _____

Performance Period: All Yrs: _____ through _____ Amount: _____

Project Percent Effort on Campus: _____ Project Percent Effort off Campus: _____

Performance site(s): _____

Deadline Date: _____

- Rush: Yes No Please indicate "yes" **only** if necessary
Human Subjects Yes No; if Yes, date appv. _____ (must be within 1 year) and # _____
Research Animals Yes No; if Yes, date appv _____ (must be within 1 year) and # _____
Recombinant DNA Yes No; if Yes, date appv. by rDNA Committee _____ and # _____
Radioactive Materials Yes No; if Yes, must be appv. by Radiation Safety Committee
Subcontracting out Yes No; if Yes, to whom? _____
Select Agent use Yes No; if Yes, date of approval? _____
RBL/BSL3 Facility use Yes No; if Yes, attach approval letter

Will project require use of resources not under control of PI or PI's department?

Yes No; if yes, please attach explanation, including arrangement that have been made.

By signature below, the principal investigator and co-investigators indicate their willingness to abide by all UT, UTRF, and sponsor policies, including those policies related to patents and copyrights, fiscal accountability, conflicts of interest, scientific integrity, research, etc. and by the terms and conditions of the grant/contract document.

The University of Tennessee Conflict of Interest Policy (Fiscal Policy Statement 05, Section 015, Part 01) requires that **all employees involved in research** must have **disclosed outside interests** that may be affected by the research **before proposals are submitted** to funding agencies and must **keep their disclosures updated** for the duration of the project. **Before** this proposal is submitted to the funding agency, it is imperative that the Principal Investigator or his/her delegate ensure that all employees involved in the proposed research have complied with this policy. If you have any questions about the Conflict of Interest Policy or need forms, please contact Pam Vaughn-Butcher in the Office of Business & Finance (901) 448-5523.

The investigators also signify that they will not undertake any proposed research involving human subjects, laboratory animals, or hazardous substances such as recombinant DNA until such research has been approved by the appropriate review committee and proof of such approval has been submitted to the Research Administration Office. The Investigators further understand that it is their responsibility to obtain approval for the use of any institutional facilities (including space, animal facilities, shared equipment, computer facilities, etc.) not under their direct control. Failure to obtain any necessary approvals may result in the withdrawal of institutional support for the application.

By Signature below, the departmental representative signifies that the proposed work is in conformity with the investigator's University role and that the proposed use of funds and other resources is in keeping with departmental and University policies.

Approvals (If multiple investigators, departments, or colleges are involved, please attach additional sheets.):

Investigator: _____ Date: _____

Department: _____ Date: _____

ORA: _____

Dean: _____ Date: _____

Date approved: _____