



OFFICE OF RESEARCH AFFAIRS
 SPONSORED PROJECTS DIVISION
 RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

GRANTS AND CONTRACTS PROPOSAL ROUTING FORM

This information is required for the purpose of reviewing requests for funds from external sponsors. Failure to provide the required information may delay processing your proposal. Please consult the **Grants and Contracts Proposal Routing Form Instruction Sheet** as you complete this form. Additional forms and instructions are available in Room 529 or 544 Academic Facility or at: http://www.rush.edu/research/sponsored-projects_forms.html. If you require assistance, please call the Office of Research Affairs, Sponsored Projects at (312) 942-5498.

Investigator Information

Principal Investigator: _____ Department or Section: _____
 Department Address: _____ Telephone #: _____
 E-mail Address: _____ Fax #: _____
 Alternative Contact: _____ Alternative Contact's Telephone #: _____

Project Information

Project Title: _____
 ORA# (if Known): _____
If IRB paperwork has been submitted contact ORA for # @ x25498
 Sponsor (if NIH, specify institute): _____
If this proposal is directed to a private foundation, please contact the Office of Philanthropy/Communication.
 Sponsor Contact (if known): _____
 Sponsor Deadline Date: _____ (check one) Receipt Date Postmark Telephone #: _____
 Fax # / Email: _____
 Proposal Type: Grant (If applying to a Federal Agency, please answer the questions at the bottom of page 2)
 Contract (please answer the questions at the bottom of page 2)
 New Continuation Competing Renewal Supplement
 Revised Application Amendment to a Clinical Trial Confidentiality Material Transfer
 Invention Disclosure Program Project/Center Grant Subcontract Other
 If proposal is in response to a Solicitation Request (e.g. RFA, RFP), Sponsor Solicitation #: _____
 If this proposal is submitted to other sponsors, list sponsors: _____
 Is there any scientific or budgetary overlap with other current awards or pending applications? Yes No

Project Commitments

Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Animal Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Biosafety <input type="checkbox"/> Yes <input type="checkbox"/> No
Approval Date:	Approval Date:	recombinant DNA <input type="checkbox"/> Yes
<input type="checkbox"/> Exempt	Approval #:	Transgenic Animals <input type="checkbox"/> Yes
<input type="checkbox"/> Review Pending	<i>If review is pending IACUC</i>	Pathogenic Agents <input type="checkbox"/> Yes
	Initials: _____	Biologic Toxins <input type="checkbox"/> Yes
Radiation <input type="checkbox"/> Yes <input type="checkbox"/> No	Deceased Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No	Wet Lab Usage <input type="checkbox"/> Yes <input type="checkbox"/> No
Approval Date:	<i>If yes, answer the seven questions on the following page...</i>	
Licensing #:		
<input type="checkbox"/> Review Pending	Human Embryonic Stem Cells <input type="checkbox"/> Yes <input type="checkbox"/> No	

Project Commitments (continued)

If you are using cadaverous materials for this proposal, please answer the following questions:

1. Is there sufficient evidence that all (100%) subjects are deceased? Yes No
2. What body parts will be obtained for this proposal? _____
3. Will cadaverous materials be obtained from a recognized tissue or organ bank? Yes No
If yes, provide the following information for the bank:
Name: _____ Address: _____
Phone: _____ Contact Person: _____
4. If cadaverous materials will not be obtained from a recognized tissue or organ bank, explain how the requirements of the Uniformed Anatomical Gift Act (with respect to consent for the use of cadaver) will be fulfilled in every case: _____

5. Will cadaverous materials will be received from or shipped to investigators outside of RPSLMC? Yes No
(If yes, a Material Transfer Agreement (MTA) must be signed by official representatives of both sending and receiving institutions. Please attach a copy of the MTA you intend to use.)
6. If the proposed investigation involves genetic studies of any kind, what might be the clinical implication of the results for family members or offspring? _____

7. Is there any possibility that the investigator might inadvertently create a new database involving other living human subjects (e.g. surviving relatives, offspring)? Yes No
Explain: _____

Grant Questions

- PI has filed his/her research conflict of interest questionnaire? Yes No
- Has there been any change in PI's conflict of interest status since his/her questionnaire was filed? Yes No
- Have you ascertained that all of the "key personnel" for your research project have received a copy of the "Guide to Preventing Conflicts of Interest in Human Research at NIH" (January 2005 edition)? Yes No
- Have you asked all of the "key personnel" for your research project to notify you of any potential conflict of interest? Yes No
- Have you reported any and all potential conflicts of interest on the part of the "key personnel" for your research project to the Rush Conflict of Interest Committee? Yes No

Contract Questions

- Do you expect any inventions or discoveries to come from this study? Yes No
- Do you expect to publish the results from this study? Yes No

Budget Information

Amount Proposed for Current Budget Period: \$ _____ Total Amount Proposed: \$ _____

Proposed Budget Period: from _____ to _____ Total Proposed Project Period: from _____ to _____

Amount Directs for Current Budget Period: \$ _____ Number of Patients expected: _____

Indirect Cost Rate Used: _____ %

Assurance of Principal Investigator

The Principal Investigator below assures, to the best of his/her knowledge, that the statements herein are true, complete and accurate. The Principal Investigator assures that the faculty, staff or student(s) named on this application and the submitted proposal, have read it and have agreed to participate as indicated. The Principal Investigator and those involved in the design, conduct, or reporting of the enclosed project have herein declared potential conflict of interest. The Principal Investigator agrees to accept responsibility for the scientific conduct of the project and for compliance with all applicable institution, local, state and federal policies that govern the responsible conduct of research.

SIGNATURE: _____ DATE: _____
Principal Investigator

Assurance of Department Chair or Section Director*

The Department Chair or Section Director* below assures that the proposed work is consistent with department, objectives, and endorses the proposal to the agency named. The Department Chair or Section Director is aware of commitments and obligations described.

SIGNATURE: _____ DATE: _____
*Department Chair or Section Director**

(*Only for the Department of Medicine)

Office of Research Affairs, Division of Sponsored Projects Use Only

	Initials:	Date:	Comments:
1. Received by:			<input type="checkbox"/> Accepted <input type="checkbox"/> Returned <input type="checkbox"/> Other
2. Budget Reviewed by:			<input type="checkbox"/> Accepted <input type="checkbox"/> Returned <input type="checkbox"/> Other
3. Reviewed by Grant Officer:			<input type="checkbox"/> Accepted <input type="checkbox"/> Returned <input type="checkbox"/> Other
4. Institutional Official Authorization:			
5. Proposal Returned to Investigator:			