



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://iris.rush.edu/ora/forms/index.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  
 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**

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

## 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: \_\_\_\_\_  
\_\_\_\_\_

## 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:			