UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
OFFICE OF RESEARCH ADMINISTRATION
ROUTING FORM COVER PAGE

All fields on this cover page must be completed and submitted to the Office of Research Administration along with the appropriate supplemental information page and any required signatures in accordance with ORA and OUHSC policy. The Principal Investigator must also read and certify the information on the following page by signing below. Visit http://www.ou.edu/ouhsc/ora/home.html for details.

Principal Investigator (PI) Information:

Name/Degree(s): Doe, John  
PI Title(s): Professor  
ORG/Dept: COM101/Pediatrics  
Campus Address: BMSB201

Phone/Fax: 1-4321/1-4322  
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Dept. Contact: Jane Doe  
Contact Phone: 1-4325

Document Type: (Click on the document type to open the supplemental information page in a new window.)

☑ Affiliation Agreement  
☐ Clinical Trial Agreement (CTA)  
☐ Confidentiality Agreement (CDA)  
☐ Cooperative Agreement  
☐ Fee for Service Agreement  
☐ Grant  
☐ License Agreement  
☐ Material Transfer Agreement (MTA)-Provider  
☐ Material Transfer Agreement (MTA)-Recipient  
☐ Medical Provider Agreement  
☐ Other  
☐ Other Service  
☐ Professional Service Agreement  
☐ Research Agreement

Proposal Type: (Hover over Proposal Type for description of option.)

☐ Continuation*  
☐ Modification*  
☐ New  
☑ Renewal*  
☐ Revision*  
☐ Supplemental*

*Previous Proposal ID# and/or Project ID#: 20090001

By signing below, you certify (1) that the information submitted within the application is true, complete and accurate to the best of your knowledge, (2) that any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties, and (3) that you agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant/project is awarded as a result of the application. Further if applicable, you certify that you will maintain the confidentiality of any information received from another party for the length of time specified within an agreement and that you shall limit disclosure of that confidential information to only those OUHSC employees who have a need to receive the information to further the purposes of the Agreement and in accordance with the terms of any related agreement. You will advise those working under the agreement that they must abide by the terms of confidentiality and you shall obtain their written agreements to the terms/conditions if required by an agreement to do so.

Principal Investigator Signature (required): John Doe  
Date: 5-1-10

ORA Use Only:

Legal Review: ☐ Yes ☐ No ☐ N/A ☐ Date  
Pre-Award Administrator Initials:  
Date

OTD Review: ☐ Yes ☐ No ☐ N/A ☐ Date  
ORA Approval:  
Date

IDC Exception: ☐ Yes ☐ No ☐ N/A ☐ Date  
Sponsor Code:  
Flow Through:  
FEC Date:  

ORA v1.0 05/10
PI Certifications, Assurances and Disclosures

CONFLICT OF INTEREST (COI)

Yes No
☒ ☐ Have you read and understood the OUHSC Conflict of Interest (COI) Policy?
☐ ☒ Do you have a Significant Financial Interest (as defined in the COI Policy) in the Sponsor/Agency that could possibly affect or be perceived to affect the results of the research or educational or service activities proposed?
☒ ☐ Is this proposal being submitted to a Sponsor/Agency in which one or more of the researchers has an administrative or scientific role in the Sponsor/Agency (paid or unpaid)? If yes, who? Jane Doe
☐ ☒ Do you have, or plan to have, a financial relationship with the Sponsor/Agency distinct from the one proposed in this application/project?
☒ ☐ Does this proposal present an apparent, actual or potential conflict of interest as described in the OUHSC COI Policy?

If the proposal/project DOES represent a conflict of interest, the investigator(s) so involved must provide a complete disclosure of this matter to the appropriate OUHSC official as required by the COI Policy. Your signature on the front of this form hereby certifies that the required COI disclosures have been submitted and/or updated with the Office of Research Administration and approved by the appropriate OUHSC officials.

FEDERAL REQUIREMENTS

Yes No
☐ ☒ Are you delinquent on any federal debt?
☒ ☐ Are you presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency?
☒ ☐ Within a three-year period preceding this proposal/project, have you been convicted of or had a civil judgment rendered against you for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property?
☒ ☐ Within a three-year period preceding this proposal/project, have you had one or more public (Federal, State, or local) transactions terminated for cause or default?
☐ ☒ Do you understand and agree that no federal appropriated funds have been or will be paid, by or on your behalf, to any person for influencing or attempting to influence the granting of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement?
☐ ☒ Are you delinquent in submitting final project reports to sponsors for previous awards that you have received relating to this proposal?

REGULATORY REQUIREMENTS

Yes No
☒ ☐ Do you understand and agree that all individuals responsible for the design and conduct of proposed research involving human research participants have completed (or shall have completed prior to the start of the proposed research) the OUHSC Institutional Review Board’s (IRB) required educational program on the protection of human research participants?

UNIVERSITY REQUIREMENTS

Yes No
☒ ☐ Do you agree that the proposal submitted herewith (i) is complete in its technical content, (ii) adheres to the rules of proper scholarship, including specifically the proper attribution and citation for all text and graphics, and (iii) complies with federal standards for the integrity and objectivity of research?
☒ ☐ Do you agree that if the proposal/project is funded and accepted by OUHSC, you will conduct the project in accordance with the terms and conditions of the Sponsor/Agency and the policies of OUHSC, and that you will be fully responsible for meeting the requirements of the award, including submitting all required technical reports and deliverables on a timely basis?
☒ ☐ Do you agree to properly disclose all inventions to the OUHSC Office of Technology Development in accordance with Sponsor/Agency requirements and OUHSC policy?