

Route Sheet for Research Documents

<input type="checkbox"/> Grant	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> Continuation of # _____	ORA Use: _____
<input type="checkbox"/> Contract proposal				Date Rec'd: _____
<input type="checkbox"/> Contract	<input type="checkbox"/> Subcontract	\$in _____	\$out _____	Log Number: _____
<input type="checkbox"/> Material Transfer Agreement				
<input type="checkbox"/> Confidentiality Agreement	Call for questions: Name: _____		Telephone: _____	
<input type="checkbox"/> Other _____	Call for pickup: Name: _____		Telephone: _____	

Proposal _____
 Title: _____
 Keywords: ¹⁾ _____ ²⁾ _____ ³⁾ _____ ⁴⁾ _____ ⁵⁾ _____
 Please attach an abstract or brief description of project (preferably in lay terms).

Investigator: _____ Telephone: _____
 SSN or Employee ID#: _____ Department: _____ Acct Number: _____
 Effort on Campus: ____ % Effort off Campus: ____ % Performance Site: _____
Be sure to attach additional sheets if more than one investigator is participating

Sponsor/Agency _____
 :
 Sponsor/Agency Contact Name : _____ Telephone: (____) _____
 Sponsor/Agency Address: _____ City _____ State: ____ Zip _____
 Performance Period: Year 01 ____/____/____ through ____/____/____ Amount requested: \$ _____
 Performance Period: All Yrs ____/____/____ through ____/____/____ Amount requested: \$ _____
Deadline date: ____/____/____ **Rush:** Yes No Please indicate "yes" **only if necessary**

Human Subjects:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date approved (must be within 1 year) ____/____/____	Approval # _____
Research Animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date approved (must be within 1 year) ____/____/____	Approval # _____
Recombinant DNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date approved (must be within 1 year) ____/____/____	Approval # _____
Radioactive Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, must be approved by Radiation Safety Committee (attach approval letter).	
Subcontracting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, to whom? _____	

Will project require use of resources not under control of PI or PI's department? Yes No
 If yes, please attach explanation, including arrangements that have been made.

By signature below, the principal investigator and co-investigators indicate their willingness to abide by all UT 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: ____/____/____