

DREXEL UNIVERSITY COLLEGE OF MEDICINE
Office of Research Compliance
Project Submission Transmittal

Drexel University []		Drexel University College of Medicine []		
PI:		Department:		
Bldg/rm or mail stop:	Phone:	Fax:	email:	
Other contact name/phone/email:				
Project Title:				
Sponsor:				
Is this pass thru funding? [] yes [] no		If pass-thru, who is the prime sponsor?:		
Sponsor submission deadline (if applicable):				
Proposal type: [] New [] Competing renewal [] Supplement [] Revision [] Non-competing renewal [] Transfer				
Attachments:				
Project Budget*: [] yes [] no		Cost Sharing Approval: [] yes [] no		
Conflict of Interest: [] yes [] no		Sponsor Solicitation Document: [] yes [] no		
Location of work: [] on-campus [] off-campus		Required Compliance Protocols:		
Bldg and room#:			Yes	No
Does the space need renovation?: [] yes [] no		Humans		
Do you need additional space?: [] yes [] no		Animals		
Will this project use Tenet Hospital facilities? [] yes [] no		Ionizing Radiation		
Tenet facility name(s):		Biohazards		

* A budget is required and should include all project costs. Itemize costs that will not be funded by the sponsor and

For Office of Research Use:		
OR Proposal#:	Date Proposal Submitted to Sponsor:	IC Rate:

OR Form P1-001010

Project Title: _____

Certifications: By signing this form, I certify that I have read the following statements and I further certify that the statements contained therein are accurate and truthful to the best of my knowledge and belief.

I agree to follow procedures consistent with University policies regarding the use of human subjects, animals, ionizing radiation, biohazards, toxins and pathogens in the conduct of the subject project.

I have read and understood the University's Conflict of Interest in Research Policy. Attached are the completed Conflict of Interest certifications for all investigators.

If the proposal submitted herewith is funded and accepted by the University, the project will be conducted in accordance with the terms and conditions of the sponsoring agency, the policies of the University and all applicable federal circulars and regulations. The Principal Investigator will be fully responsible for meeting the requirements of the award, including providing the proper stewardship of sponsored funds, submitting all required technical reports and deliverables on a timely basis, and properly disclosing all inventions to the Office of Research and Graduate Studies, in accordance with Federal policy or contractual terms.

	Signature	Department	Date
Principal Investigator:	_____	_____	_____
Co-Investigators:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Department Administrator:	_____	_____	_____
	_____	_____	_____
Department Chair/Director:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Dean/School Director:	_____	_____	_____
	_____	_____	_____
of Research:	_____	_____	_____ Office