

<input type="checkbox"/>	ARRA (Stimulus Funds)?
<input type="checkbox"/>	Gulf Oil Spill R & R?

## Tulane University Health Sciences Campus Proposal Routing Form

(Mouse over fields for instructions)

SPA Use Only: Confidential Data <input type="checkbox"/>
SPA DB #:

(1) Date Submitted to SPA: \_\_\_\_\_ (2) Agency Deadline: \_\_\_\_\_

(3) Principal Investigator: \_\_\_\_\_ (4) Department & Section: \_\_\_\_\_ (5) Phone: \_\_\_\_\_ (6) PI % Effort: \_\_\_\_\_

(7) Co-Investigator/Co-PI: \_\_\_\_\_ (8) Department & Section: \_\_\_\_\_ (9) Phone: \_\_\_\_\_ (10) Co-Invest/Co-PI % Effort: \_\_\_\_\_

(11) Project Title: \_\_\_\_\_

(12) Prime Sponsor: \_\_\_\_\_ (13) Subcontract From: \_\_\_\_\_

(14) Agency Type: \_\_\_\_\_ (15) Program Name: \_\_\_\_\_ (16) Proposal Type: \_\_\_\_\_

(17) Award Type: \_\_\_\_\_ (18) RFA/RFP# \_\_\_\_\_ Current Tulane Acct # if Applicable \_\_\_\_\_

(19) Main Activity Type: \_\_\_\_\_

(20) Additional Activities Check All That Apply:

Basic Research  Applied Research  Pre-Clinical/Drug Study w/Animals

Clinical Study w/ Humans  Community Outreach  Training  Development  Other Services

**Basic Research** - Research undertaken primarily to acquire new knowledge without any particular application or use in mind.  
**Applied Research** - Research conducted to gain the knowledge/understanding to meet a specific, recognized need.  
**Development** - The systematic use of the knowledge/understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including the design & development of prototypes & processes.

**Budget Information - All Years**

(21) Direct Costs: \_\_\_\_\_ (22) Indirect Costs: \_\_\_\_\_ (23) Total Costs: \_\_\_\_\_ (24) Project Period: \_\_\_\_\_

**Budget Information - Budget Period**

(25) Direct Costs: \_\_\_\_\_ (26) Indirect Costs: \_\_\_\_\_ (27) Total Costs: \_\_\_\_\_ (28) Budget Period: \_\_\_\_\_

(29) IDC Rate \_\_\_\_\_ (30) Cost Share:  Yes  No (31) Amount \$ \_\_\_\_\_

**Project Information**

Does this Project Involve:

	Yes	No	
(32) Human Subjects	<input type="checkbox"/>	<input type="checkbox"/>	Send copy of proposal, protocol consent & routing form to IRB
(33) Animals	<input type="checkbox"/>	<input type="checkbox"/>	Send copy of proposal, protocol consent & routing form to IACUC
(34) Non-Human Primates	<input type="checkbox"/>	<input type="checkbox"/>	Obtain signature of the TNPRC Director on this form below
(35) Recombinant DNA	<input type="checkbox"/>	<input type="checkbox"/>	Submit application for approval of non-exempt rDNA research to Inst Biosafety Committee
(36) Radiological Materials	<input type="checkbox"/>	<input type="checkbox"/>	Forward a copy of the abstract to Environmental Health & Safety
(37) Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>	Forward a copy of the abstract to Environmental Health & Safety
(38) Increased Need for Space/Utilities	<input type="checkbox"/>	<input type="checkbox"/>	Coordinate with the Director of Facilities Services
(39) Commercial Organization/Foundation	<input type="checkbox"/>	<input type="checkbox"/>	Coordinate with the Development Office
(40) Select Agents/Toxins	<input type="checkbox"/>	<input type="checkbox"/>	

(41) **Subject Areas:**  Cancer Research  Gene Therapy  HIV/AIDS  Infectious Disease  Environmental  Women's Health  Infants/Children

Neurosciences  Prevention  Community Focus  Cardiovascular  International: Countries Involved \_\_\_\_\_

Other \_\_\_\_\_

**(42) PRINCIPAL INVESTIGATOR ASSURANCE:**

By signing below I certify that **1)** all persons involved in the conduct of this project are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency; and **2)** I agree to accept responsibility for the conduct of this project, to be bound by the terms, conditions and reporting requirements of any award agreement which supports this activity and by Tulane policies; and **3)** to the best of my knowledge, the information submitted in this proposal is true, complete and accurate; and any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

**PRINCIPAL INVESTIGATOR COI AFFIRMATION:**

By signing below I certify that **1)** I have read, understand and will abide by Tulane's [Policy on Conflicts of Commitment and Interest](#); **2)** I have an up to date disclosure on file with the university and, **3)** Key Personnel named on the proposal and other investigators who I consider to be responsible for the design, conduct and reporting of this project have complied with all federal and university requirements for disclosure of any potential conflicts of interest related to this project.

(43) Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVALS**

(44) Department Chairperson(s): \_\_\_\_\_ Date: \_\_\_\_\_

(45) Department Chairperson(s): \_\_\_\_\_ Date: \_\_\_\_\_

(46) Sponsored Projects Admin: \_\_\_\_\_ Date: \_\_\_\_\_

(47) Office of the Dean: \_\_\_\_\_ Date: \_\_\_\_\_