

CHANGE OF PRINCIPAL INVESTIGATOR (PI/PD) INITIATION FORM

Submit this form, along with supporting documentation required by the sponsor, to Sponsored Programs to initiate a change of PI/PD for an existing proposal or awarded project.

			Project	Information						
USU Control #	¥:	Sponsor:								
Name of Orig	inal PI/PD									
		Signature	of Original	Principal Investigat	tor (PI/PD)		MM	/ 	_/	
_		(or Departm	ent Head in th	e absence of original PI/	PD)		IVIIVI	DD	11	
Contact Information of New PI/PD										
Na	me of New PI/PD	F	Banner ID#	Phone Number	UMC	Email Add	dress			
College		Department		Research	Center				7	
Assurances of New PI/PD										
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By signing below, I certify that: - I have reviewed the approved proposal and award for this project, understand my obligations thereunder, will fulfill my obligations, and will personally										
conduct or supervise the described Sponsored Project										
- I have read Chapter 2: Roles & Responsibilities in the USU Sponsored Programs Research Guide (http://spo.usu.edu/files/uploads/ResearchGuide.pdf)										
and accept res	sponsibility as specified th d the IRB, IACUC (as app	iereby	h an na guina d	annulian an offician a	fthe change	in DI/DD				
		ficable), and all o	iner required	compliance offices of	of the change	; III PI/PD				
Conflict of Intere	est: ring Conflict of Interest s	action nortains t	a tha Drinai	al Investigator and	all other V	ov Dorsonnol inv	alvad with th	is nucl	at	
	The term "you" in these							is proje		
Yes No	A. Do you have a signif	-	-			-	-			
	i. That could become					C				
	ii. Whose business is									
iii That has requested rights to USU and/or USURF intellectual property? Yes No B. Do you plan to use University facilities or personnel in the conduct of research, testing, or work for your outside interest that will be										
	related to this project	(or continuing) p	roject?							
Yes No	C. Have you, or do you	expect to, receive	gifts of \$100	or more from a com	mercial enti	ty that is connect	ed to this proje	ct?		
Yes No D. Do you supervise any students or other personnel who will be working on this project and who also work for your outside interest?										
E Is this project related to subject matter in which you are aware that another spansor or antity has a claim to awarship or any rights										
Yes No	granted by USU and/	or SDL?	in which you		er opolisor o			p or un <u>.</u>	,	
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	Name of Director	of Research Cen	ter				1		1	
			Sig	gnature of Director	ofResearch	Center	MM	DD	YY	
PI must initial here if this is is NIH/PHS prime or flow through funding and Live Vertebrate Animals are being used. By initialling here the PI assures USU and the Sponsor that the information provided in the proposal / application is consistent with that information provided and approved in the IACUC protocol. If NIH is the prime sponsor, or if NIH is providing flow through funding for this project, PI must initial here to indicate that he/she has read and										
	understood the NIH Publ result in whole or in part Manuscript Submission s	ic Access Policy at I from NIH funded r	nttp://publicae esearch must	ccess.nih.gov. Peer-revi be submitted to the Na	iewed articles ational Libra	s accepted for publ	ication on / afte	r April '	7, 2008 that	
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Sponsored Programs has received approval for PI/PD change from sponsor

Sponsored Programs Administration			I	1
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