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| UMMS DEPARTING PI – AWARD TRANSFER NOTIFICATION | | | | | | | | | | | | | | | | | | | | | | |
| Principal Investigator: | | | | | | | | Agency and Award No. (e.g. NIH R01 GM12345) | | | | | | | | | | | | | | |
| Department: | | | | | | | | Administrative Contact, Phone & Email #: | | | | | | | | | | | | | | |
|  | 1. Date PI will leave UMMS: | | | | | |  | | | Date that award will be relinquished at UMMS: | | | | | | | |  | | | |  |
|  | 1. Has all committed cost sharing been met? | | | | | | | | | | | | | | Yes  No | | | | | N/A | | |
|  | 1. Does this award involve one or more subcontracts? | | | | | | | | | | | | | | | | Yes | | | No | | |
|  | If yes, has the PI/dept notified the subcontractor(s) of the pending transfer? | | | | | | | | | | | | | | | | Yes | | | No | | |
|  | Name of the subcontractor(s): | | | | |  | | | | | | | | | | | | | |  | | |
|  | 1. Will any portion of this project need to be subcontracted back to UMMS by the new institution | | | | | | | | | | | | | | | | Yes | | | No | | |
|  | to fund graduate students completing degrees, or to cover work that will not be transferred? | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Has the PI discussed/notified the funding agency of the intended transfer? | | | | | | | | | | | | | | | | Yes | | | No | | |
|  | *If yes, please provide any relevant details in the Comments section below*. | | | | | | | | | | | | | | | | | | |  | | |
|  | 1. Name of the new institution where the PI intends to transfer the award : | | | | | | | | | | | | |  | | | | | |  | | |
|  | 1. New Institution Admin Contact: | | |  | | | | | | |  | |  | |  |  | | | | | | |
|  |  | | | *Name* | | | | | | | | *Phone* | | | *Email* | | | | | | | |
| **DEPARTMENT CHECKLIST** | | | | | | | | | | | | | | | | | **Yes** | | **No** | | **Completed** | |
| 1. Personnel appointed to this award should be transferred off the project by the relinquishment date. Personnel that will not be retained must be notified in accordance with UMMS HR policy. | | | | | | | | | | | | | | | | | □ | | □ | | □ | |
| 1. The Dept. will ensure the PI has certified effort in the ECRT system prior to their departure from UMMS. | | | | | | | | | | | | | | | | | □ | | □ | | □ | |
| 1. Have any inventions been disclosed under the award, or does the award involve use of patented material or material made available to the University under a Material Transfer Agreement? If yes, contact the [**Office of Technology Management**](http://www.umassmed.edu/otm/index.aspx) | | | | | | | | | | | | | | | | | □ | | □ | | □ | |
| 1. Will any equipment be transferred to the new institution?   *If yes, please specify and contact* [**Asset Management**](http://inside.umassmed.edu/financialservices/divisions/asset_management/index.aspx) *for assistance.* | | | | | | | | | | | | | | | | | □ | | □ | | □ | |
| 1. Does the transferring project have any of the following compliance items? | | | | | | | | | | | | | | | | | □ | | □ | | □ | |
|  | | | [**Human Subjects Research (IRB)**](http://www.umassmed.edu/research/irb/index.aspx) *If yes contact the IRB office to closeout the protocol.* | | | | | | | | | | | | | | □ | | □ | | □ | |
|  | | | [**Animal Research (IACUC)**](http://inside.umassmed.edu/subjects/IACUC/index.aspx?linkidentifier=id&itemid=13668)*If yes, contact the IACUC office to closeout the protocol and arrange animal transfers.* | | | | | | | | | | | | | | □ | | □ | | □ | |
|  | | | [**Biohazardous Material/Recombinant DNA (Environmental Health & Safety)**](http://inside.umassmed.edu/ehs/Index.aspx?linkidentifier=id&itemid=10522) *If yes, contact EH&S for assistance with disposal/transfer of materials.* | | | | | | | | | | | | | | □ | | □ | | □ | |
|  | | | [**Radioactive Materials**](http://inside.umassmed.edu/radiation/index.aspx?linkidentifier=id&itemid=12758)*If yes, contact the Radiation Safety Dept. for assistance with disposal/transfer of materials.* | | | | | | | | | | | | | | □ | | □ | | □ | |
| 1. Agency-Specific Transfer Forms required: | | | | | | | | | | | | | | | | |  | |  | |  | |
|  | | | NIH: [**PHS 3734**](http://grants.nih.gov/grants/phs3734.pdf) (Relinquishment Form) | | | | | | | | | | | | | | □ | | □ | | □ | |
|  | | | NIH:[**PHS 568**](http://grants.nih.gov/grants/hhs568.pdf) (Final Invention Statement) | | | | | | | | | | | | | | □ | | □ | | □ | |
|  | | | Other: (specify): | | | | | | | | | | | | | | □ | | □ | | □ | |
| *Comments:* | | | | | | | | | | | | | | | | | | | | | | |
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