PROPOSAL ROUTING FORM INFORMATION

1. PROPOSAL IS FOR:

   Research
   _______% Basic  _______% Applied _______% Development

   Instruction

   Other Sponsored Activity (including Public Service)

   Clinical Trial

   Equipment Only

   Student Support Only

   $0 Master Agreement

2. PROPOSAL IS:

   New

   Revised Proposal (Resubmission)

   Revised Budget

   Continuation (If yes, complete section below)

   Renewal (If yes, complete section below)

   Supplement (If yes, complete section below)

   Complete agency assigned award number: (example 2R01HL342675-06)

   ______________________________________________________

   Complete at least one of the following fields:

   EFS Award Number: ____________________________

   Primary Project: ________________________________

3. CHECK APPROPRIATE BOX IF THIS PROJECT INVOLVES ANY OF THE FOLLOWING:

   Human Subjects

   Animal Subjects

   Purchase/Use of custom antibodies that have been or will be housed outside the university?
Human Blood, Body Fluids, or Other Potentially Infectious Materials

Stem Cell: Human embryonic stem (hES) cells

Stem Cell: Human embryos less than 14 days old

Stem Cell: Human induced pluripotent stem (iPS) cells, or other human stem cell sources, that are intended to make or contribute to an embryo

*If you answered yes to any of the questions above please obtain approval for your protocol from the human Embryonic Stem Cell and human embryo Research Oversight (ESCRO) committee.*

Recombinant DNA, Infectious Agents or Biological Toxins

Radioactive Materials and/or Ionizing or Nonionizing Radiation Producing Equipment

Chemicals

*If any stem cells are involved, please obtain approval for your protocol from the human Embryonic Stem Cell and human embryo Research Oversight (ESCRO) committee.*

4. **SUBRECIPIENTS AND INVOLVEMENT WITH OTHER OUTSIDE ENTITIES:**

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Does this proposal include any outgoing subawards?

If yes, please enter names of subrecipients


Does this proposal include any OTHER planned activity with the community or other outside entities (excluding subawards)

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If yes, what type of entity/entities will be involved? (Select all that apply)

Other higher educational institution(s)

Governmental agency

K-12 schools or other non-higher education agencies

Healthcare organization

For-profit business and/or industry

Non-profit and/or registered 501(c)3 organization

Community group (e.g., neighborhood association, informal citizens group)

Other (please specify): ________________________________

If yes, please describe the primary role(s) of the involved entity/entities.
5. **FINANCIAL AND BUSINESS CONFLICT OF INTEREST:**

Yes  No  Do you, or your co-investigators, or key personnel (i.e., anyone responsible for the design, conduct or reporting on this project), or a family member (yours or theirs) have a significant financial interest, OR business interest in a business entity that could benefit from the results of this project? See? For help with definitions.

If yes, please indicate the most recent REPA # where these interests have been identified:

REPA # ________________________ Approval Date: ____________________

Yes  No  Do you, or your co-investigators, or key personnel have a familial connection OR financial or business interest (of any amount) with any proposed subrecipient or collaborator? If yes, please contact SPA for further direction.

6. **INVENTIONS:**

Yes  No  Is it likely that anything patentable (i.e. new, useful, or improved) will result from the current research project?

Yes  No  If this a renewal or continuing project, have any inventions been conceived or reduced to practice under prior research on this project?

Yes  No  If Yes, was this Previously reported?

Yes  No  Does this proposal contain private commercial or trade secret information? If yes, clearly identify the private commercial information in the text of the proposal.

Yes  No  Does the PI or any investigator have any active patent disclosures with the Office of Technology Commercialization relating to the work contemplated in this proposal?

7. **INTERNATIONAL COMPONENT:**

Do you contemplate international travel to another country as part of this project?

If yes, please list or more countries you will be traveling in:

____________________________

Do you have a collaborating partner or institution that is located in another country?

If yes, please select one or more countries in which the partner(s) are located.