

INTERNAL ROUTING (SHORT) FORM

Sponsored Programs

- Material Transfer Agreement (MTA) License Agreement
 Non-Disclosure/Confidentiality Agreement Memorandum of Understanding (MOU)
 Other (specify _____)

Principal Investigator:	
College / Department:	
Sponsor/Collaborating Institution:	
Sponsored Research Project (ASC Account #) or OGC Proposal # <u>directly related</u> to this agreement:	
NOTE: < insert important details or special provisions that need special attention— e.g. Identify material or license >	

Risk Management Review Items					
Yes	No	Does the project require/involve	Yes	No	Does the project require/involve
		Human Subjects (IRB)			Animals use and care (IACUC)
		Export Control; Use, generation, exchange of export-controlled materials, equipment, or data / information			Pre-approval of participation of foreign national faculty, staff, or students
	<input type="checkbox"/>	Modification of any University property or the installation of equipment			Collaborating with foreign nationals and/or colleagues from foreign countries? If yes, specify country: _____
		Minors			Will this project involve domestic travel? Specify State(s): _____

Institutional Biosafety Committee (IBC)					
Yes	No	Does the project require/involve	Yes	No	Does the project require/involve
<input type="checkbox"/>	<input type="checkbox"/>	Recombinant/Synthetic DNA	<input type="checkbox"/>		Human/Primate Sourced Material
		Infectious Agents (Bacteria, Viruses, Parasites, Fungi, etc)			Transgenic Animals/ Plants
		Biologically Active Agents (e.g., toxins)			Animals exposed to or infected with Recombinant/Synthetic DNA

Environmental, Health and Safe Review Items					
Yes	No	Does the project require/involve	Yes	No	Does the project require/involve
		Pyrophoric chemicals			Compressed air or gas cylinders
		Shock/friction sensitive chemicals			Radioisotope or lasers
		Known carcinogen(s)			Production of medical waste
		Possible pollution exposure			DHHS/FDA/DEA/USDA regulated materials
		Shipping equipment, chemicals, radioisotopes or biological agents, plants or soils to or from a foreign country. If yes, please specify: Item: _____ Country: _____			Other (please describe): _____
		Operation at a medically-related clinic or facility			

Principal Investigator Certification:

By approving in Cayuse, I certify that **(1)** I have read, understand and agree to comply with the terms and conditions of the attached agreement, including all references, exhibits and attachments; **(2)** I agree to abide by ASC sponsored programs policies as well as CSUF policies including, but not limited to, UPS 630.000 (scientific misconduct), UPS 620.000 (human participants), UPS 610.000 (conflict of interest), information technology security, risk management, and environmental health & safety standards; **(3)** I have completed and marked all applicable risk management and EH&S items below; and **(4)** I will inform the Office of Sponsored Programs (osp@fullerton.edu) if there are any matters of concern regarding the activities involved under this agreement.

I certify that I am not currently debarred or suspended from receiving federal or state assistance and that I am not delinquent in repaying debts to the federal government.

University Approvals:

By approving in Cayuse, I approve the attached agreement and certify that the proposed project can be completed within my area of responsibility, within the space, financial, personnel resources and effort limits available at this time. I have read the terms and conditions of the agreement and approve the commitments expected from my unit.