

**INTERNAL ROUTING (SHORT) FORM**

**\*Sponsored Programs\***

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

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

<b>Risk Management Review Items</b>					
<b>Yes</b>	<b>No</b>	<b>Does the project require/involve</b>	<b>Yes</b>	<b>No</b>	<b>Does the project require/involve</b>
<input type="checkbox"/>	<input type="checkbox"/>	Human Subjects (IRB)	<input type="checkbox"/>	<input type="checkbox"/>	Animals use and care (IACUC)
<input type="checkbox"/>	<input type="checkbox"/>	Export Control; Use, generation, exchange of export-controlled materials, equipment, or data / information	<input type="checkbox"/>	<input type="checkbox"/>	Pre-approval of participation of foreign national faculty, staff, or students
<input type="checkbox"/>	<input type="checkbox"/>	Modification of any University property or the installation of equipment	<input type="checkbox"/>	<input type="checkbox"/>	Collaborating with foreign nationals and/or colleagues from foreign countries? If yes, specify country: _____
<input type="checkbox"/>	<input type="checkbox"/>	Minors	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	Human/Primate Sourced Material
<input type="checkbox"/>	<input type="checkbox"/>	Infectious Agents (Bacteria, Viruses, Parasites, Fungi, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Transgenic Animals/ Plants
<input type="checkbox"/>	<input type="checkbox"/>	Biologically Active Agents (e.g., toxins)	<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	Pyrophoric chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Compressed air or gas cylinders
<input type="checkbox"/>	<input type="checkbox"/>	Shock/friction sensitive chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Radioisotope or lasers
<input type="checkbox"/>	<input type="checkbox"/>	Known carcinogen(s)	<input type="checkbox"/>	<input type="checkbox"/>	Production of medical waste
<input type="checkbox"/>	<input type="checkbox"/>	Possible pollution exposure	<input type="checkbox"/>	<input type="checkbox"/>	DHHS/FDA/DEA/USDA regulated materials
<input type="checkbox"/>	<input type="checkbox"/>	Shipping equipment, chemicals, radioisotopes or biological agents, plants or soils to or from a foreign country. If yes, please specify: Item: _____ Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____
<input type="checkbox"/>	<input type="checkbox"/>	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](mailto: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.