
Compliance Form

For questions about this form, please contact Lesley Watts, CIMIT's Senior Program Manager, at 617-643-4275.

- 1) **Principal Investigator:** _____
- 2) **Project Title:** _____
- 3) **Institution:** _____
(a compliance form must be completed for each performance site)
- 4) **Financial Overlap:** Yes____ No____

Financial overlap is active or pending funding for the same scope of work and/or budgetary item, and must be resolved prior to award.

- 5) **Human Subject Use:** Yes____ No____
(includes the prospective or retrospective use of private identifiable data or materials derived from humans)

A human Institution Review Board (IRB) approval letter must be received by CIMIT before funds will be released to awardees. The IRB approval letter should include the protocol title, approval date, the protocol number, and the multiple project or federal wide assurance number. If this information is not included in the IRB approval letter you may provide this information in a side memo. Please include the Principal Investigator's name and the name of the CIMIT project if different from the information provided in the IRB approval letter.

- 6) **Animal Use:** Yes____ No____
(includes the use of live animals in research, teaching or testing)

An Animal Care and Use Committee (IACUC) approval letter must be received by CIMIT before funds will be released to awardees. The IACUC letter should include the protocol title, approval date, the protocol number, and the animal welfare assurance number. If this information is not included in the IACUC approval letter you may provide this information in a side memo. Please include the Principal Investigator's name and the name of the CIMIT project if different from the information provided in the IACUC approval letter.

Attention CIMIT DoD Funding Recipients: Award recipients supported under CIMIT Department of Defense (DoD) funding must also obtain DoD approval for use of animals and human subjects prior to release of funds. Applicable recipients will be contacted.

- 7) **Other Reportable Research Details:** *(indicate Yes or No for each)*
 - a. Clinical Trial Yes____ No____
 - b. Drug Study Yes____ No____
 - c. Radiation/Isotope Use Yes____ No____
 - d. Biohazards Yes____ No____
 - e. Recombinant DNA Yes____ No____
 - f. Use of MRI or Cyclotron Yes____ No____

Principal Investigator Signature: _____