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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:
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|  | 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:*  |
|  |  |  |  |  |