

**Routing Form for Non-Sponsored Research Contracts and Agreements** OSP Number:

This form should be used for routing data use agreements, memorandums of understanding, and other non-funded agreements. Please complete this form and submit it to RESEARCH@indstate.edu. The form will be uploaded and routed in Cayuse for approval.

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| **Summary/Purpose** | **Note: This information may be used in agenda materials prepared for the Board of Trustees. It may also be used in connection with a public records request** pursuant to the Indiana Access to Public Records Act, Indiana Code § 5-14-3 and its exemptions. | | | | |
| **Type of Agreement** | Select Type of Agreement | | | | |
| **Start/End Date** | **MM/DD/YY to MM/DD/YY** | | | | |
|  |  | | | | |
| **ISU PI Name** | Enter Text | | | **PI Phone** | Enter Text |
| **ISU PI Email** | Enter Text | | | | |
|  |  | | | | |
| **Contractor** | Enter Text | | | | |
| **Research Contact** | Enter Text | | | **Phone** | Enter Text |
| **Legal/Agency Contact** | Enter Text | | | **Phone** | Enter Text |
| **Contractor Address** | Enter Text | | | | |
| **Contractor City/State** | Enter Text | | | | |
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| **Compliance Concerns, Assurances, and Protocols** | | | | | |
|  | |  |  | | |
| IRB-Human Subjects | | IACUC-Vertebrate Animals | **Recombinant DNA** | | |
| Radiation | | Biosafety/Bloodborne | **IP or Technology Transfer** | | |
| Controlled Substances | | Clinical Trials | **Health Records/HIPAA** | | |
| Special Handling | | Export Control | **NSF or NIH/PHS** | | |
| Insurance Rider | | OSHA or Chemical Hygiene | Disclosed Conflict of Interest | | |
| Other: **Enter Text** | | | | | |
| Approval letters from appropriate integrity committees identified above are attached. | | | | | |
|  | | | | | |
| **Assurances** | | | | | |
|  |  | | | | |
| CITI RCR Training | **The PI acknowledges that he or she, and all associated students, faculty, and/or staff have or will have c**ompleted RCR training prior to acceptance. | | | | |
| Non Funding | This agreement will not include a provision for funding. | | | | |
| Revenue | Revenue will not be generated as a result of this agreement. | | | | |
| Agreement | The PI has read and approves the nature of the agreement, the scope of service, and appropriate terms/conditions. | | | | |
| Certifications | Signatories certify that the scope of the agreement is appropriate and necessary to the mission of the department, unit, or faculty research. | | | | |
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| **Administrative Notes** | | | | | |
| RPS Scan Date: **MM/DD/YY** RPS Scan Results: Enter Text  Scanned by: **Enter Initials** Debarment/Suspension:Enter Text  Risk Level:Enter Text | | | | | |