

**University of Mississippi Medical Center
Office of Research and Sponsored Programs**

TRANSMITTAL FORM

Principal Investigator Department

Proposal Title Proposal Type

Sponsor* Activity Type

Prime Sponsor* Award Type

BUDGET	Initial Period	Total Period
Start Date		
End Date		
Total Direct Costs		
Total F&A Costs		
Total Requested		

1) Does this proposal include subcontracts?
Yes No

2) Does this proposal require matching funds?
Yes No

3) Is any voluntary cost-sharing proposed?
Yes No

If Yes to questions 2 or 3, enter amount proposed:

ASSURANCES	STATUS	PROTOCOL NUMBER	ASSURANCES	STATUS	PROTOCOL NUMBER
Animal Usage			Pathogenic Microorganisms		
Human Subjects			Radioactive Materials		
Human/Other primate tissue, blood or cells			Laser		
Recombinant DNA			Fluoroscopy/CT		

Do any investigators (or spouses and dependent children) involved in this project have an actual, real or perceived conflict of interest that could reasonably appear to affect the research for which funding is sought or whose interests would reasonably appear to be affected by the research? Yes No

Do you anticipate any foreign travel or collaborations? If yes, please complete the export controls checklist. Yes No

*If the sponsor or prime sponsor is NIH, please complete page 3.

Compliance Information

1. Does this project use or create items, information, or data of a technical nature that is already publicly available in the public domain?
 - a. Yes
 - b. No
2. Does this project use or create items, information, or data of a technical nature that is routinely taught in a university classroom?
 - a. Yes
 - b. No
3. Does this project use or create items, information, or data of a technical nature that will be made publicly available i.e., not subject to a publication restriction or non-disclosure agreement?
 - a. Yes
 - b. No

Only answer the following questions if you have answered no to ALL of the above questions. If you have answered yes to any of the questions above your research falls within one of the exclusions enumerated in the Export Administration Regulations (EAR).

4. Foreign persons will participate in this project as sponsors, collaborators, or staff.
 - a. YesIf yes, list the involved foreign persons
 - b. No

5. Hardware, software, substances, information, or data for this project will be exported out of the U.S. or transferred to foreign persons within the U.S., e.g., phone conversations, technical proposals, sharing of computer databases, briefings, training session, lab tour, capability advertisement, etc.?
 - a. Yes
 - b. No

Only answer the following questions if you have answered yes to question four and/or question five.

6. Is the project sponsored by the U.S. Department of Defense (DOD) or a defense contractor AND has a potential military application, i.e. weapons, weapon components, accessories for weapons, or modifications to weapons?
 - a. Yes
 - b. No
7. Does the project include hardware, software, substances, information, or data controlled under the International Traffic in Arms Regulations or Export Administration Regulations (EAR)?
 - a. Yes
 - b. No

If you have answered yes to question six and/or seven, please contact the OIC at compliancequestions@umc.edu. Further assistance may be required to ensure your research complies with export control laws/regulations.

Continue to page 3

All researchers and study personnel s must read and understand the University of Mississippi Medical Center’s (UMMC) Conflicts of Interest Policy and Travel Policy prior to completion of the Research Transmittal Form.

1. Do you (or your spouse or dependent children) or ANY of your study personnel (or their spouses or dependent children) have any of the following:
 - a. An actual, real, or perceived conflict of interest that could reasonably appear to affect the design, conduct, or reporting of the research for which funding is sought?
 Yes No
 - b. A significant financial interest (SFI) that reasonably appears to be related to the investigator’s institutional responsibilities that meets or exceeds the regulatory definition of SFI ([42 CFR 50.603](#))? Yes No
 - c. Foreign support which may include:
 - i. Paid or unpaid appointments or affiliations with foreign entities or governments (including but not limited to paid or unpaid academic, professional, or institutional appointments)? Yes No
 - ii. Resources provided such as, but not limited to, foreign financial support, research or laboratory personnel, lab space, or scientific materials?
 - iii. Selection to a foreign “talents” or similar-type program? Yes No
 - iv. Collaborations with or any other activities (such as consulting or other services provided) conducted in conjunction with a foreign business, entity, organization, individual, or government? Yes No
2. Do you or any of your study personnel anticipate reimbursed or sponsored travel related to your institutional responsibilities, which is not reimbursed or sponsored by a federal, state, or local government agency or an institution of higher education? Yes No
 - a. If yes, I attest that all travel requests related to my institutional responsibilities whether reimbursed by UMMC or paid for by an external source are submitted and disclosed to the UMMC travel office as per the UMMC Travel Policy. Yes No
3. For PHS funded research:
 - a. All investigators and study personnel must complete a conflicts of interest disclosure or update their most recent COI disclosure (Link) prior to grant/contract application submission/approval
4. For all Non-PHS funded research:
 - a. All investigators and study personnel must complete an updated conflicts of interest disclosure (Link) prior to grant/contract application submission/approval only if they have not submitted a conflict of interest disclosure within the last 12 months.

I confirm the following:

I and my study personnel have read and understood the UMMC Policy on Conflicts of Interest Yes
 No

I and my study personnel have read and understood the UMMC Travel Policy Yes No

I have reviewed the above conflicts of interest questions with each of my study personnel. Yes No

The responses above to the conflicts of interest questions are true and complete for myself and my study personnel to the best of my knowledge Yes No

I have reviewed the above questions on travel with each of my study personnel. Yes No

The responses above to the questions on travel are true and complete for myself and my study personnel to the best of my knowledge Yes No

I have reviewed the guidance on PHS funded research with each of my study personnel and have taken the appropriate actions as described. Yes No Research is funded through a source other than PHS

I have reviewed the guidance on Non-PHS funded research with each of my study personnel and have taken the appropriate actions as described. Yes No Research is funded through PHS

NIH Certificate of Confidentiality Information

(Please complete only if NIH is the Sponsor or Prime Sponsor)

1) Is the activity biomedical, behavioral, clinical, or other research?

Yes (Please proceed to question 2)

No (No further action is needed)

2) a. Does the research involve human subjects as defined by 45 CFR Part 46?

Yes**

No

b. Are you collecting or using human biospecimens?

Yes**

No

c. Does the research involve the generation of individual level, human genomic data?

Yes**

No

d. Does the research involve de-identified or partially de-identified data?

Yes**

No

****If the answer to 2a, 2b, 2c, or 2d is "yes," the NIH Certificate of Confidentiality (COC) Policy Applies, and a COC is automatically issued as a term of the award. The relevant NIH COC language must appear in the informed consent document.**

Supplemental Information

Indicate the keywords applicable to this project:	Indicate the core facilities this project will use
Primary Keyword	Core Facility 1
Keyword 2	Core Facility 2
Keyword 3	Core Facility 3
NSF Research Type	Will the residuals/indirects be split between multiple departments/divisions/centers? Include details below.

PI assures that the information in the application is true, complete and accurate to the best of their knowledge; acknowledges that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil or administrative penalties; accepts responsibility for the scientific conduct of the project; and agrees to provide progress reports are required by the sponsoring agency. Those signing below assure they will abide by the rules and regulations of the federal government, sponsor and UMMC.

Principal Investigator (Contact)

Co-Principal Investigator

Division Chair***

Division Chair

Department Chair

Department Chair

Dean****

Dean

*** Division Chair signatures are only required by the Department of Medicine and Department of Pediatrics, Division of Neonatology.

**** Dean signatures are only required for the School of Dentistry, School of Nursing, School of Health Related Professions, and School of Population Health.

Send completed and signed transmittal form, along with your complete application or draft contract and detailed budget, to sponsoredprograms@umc.edu at least 5 business days prior to the sponsor's deadline.