

Harvard School of Public Health Internal Routing Form

Please use this form when HSPH is a part-of-account on another Harvard University School's award (ex. HMS, FAS, etc.) or when applying to an internal competition

RESEARCH PROJECT INFORMATION			
Principal Investigator (of part-of-account)			
Name:	<input style="width: 95%;" type="text"/>		
Title:	<input style="width: 35%;" type="text"/>	Org/Dept:	<input style="width: 30%;" type="text"/>
Preferred Contact:	<input style="width: 95%;" type="text"/>		
Sponsor(s):	<input style="width: 95%;" type="text"/>		
Proposed Project Dates:	Start:	End:	Proposed Direct Cost/Indirect Cost:
Project Title:	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>
Department Administrative Contact (person with signature authority for accounts payable in your department)			
Name:	<input style="width: 95%;" type="text"/>		
Email:	<input style="width: 95%;" type="text"/>		
Principal Investigator of "Prime" Account (not HSPH)			
Name:	<input style="width: 95%;" type="text"/>		
School:	<input style="width: 95%;" type="text"/>		
Approvals			
	Does this research proposal involve the use of animals?	<input type="radio"/> Yes	<input type="radio"/> No
	Does this research proposal involve the use of humans?	<input type="radio"/> Yes	<input type="radio"/> No
	Does this research proposal require the use of biohazards?	<input type="radio"/> Yes	<input type="radio"/> No
	Do key personnel have a potential financial conflict of interest on this project?	<input type="radio"/> Yes	<input type="radio"/> No
SIGNATURE OF APPROVAL			

Principal Investigator Name

Principal Investigator Signature

Date

Department Administrative Approver Name

Department Administrative Approver Signature

Date

Sponsored Program Administration Name

Sponsored Program Administration Signature

Date