


PENNSTATE Office of Research Affairs  Milton S. Hershey Medical Center College of Medicine	<b>ORA USE ONLY</b>	
	ORA# _____ SIMS# _____ <b>Budget</b> Direct Costs: _____ Indirect Costs: _____ Total Costs: _____ Rate: _____ MTDC TDC	Deadline: _____ Contact: _____ Extension: _____ E-mail: _____
<b>Mini Proposal Clearance Form</b>		

**Investigator Information**

Principal Investigator Name/Title: _____	Department: _____
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**Sponsor Information**

Sponsor Name: \_\_\_\_\_

**Proposal Information**

Title: \_\_\_\_\_

Resubmission Supplement/Amendment Non-competing Continuation	Existing Grant/Contract # _____
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**Compliance Information**

<b><u>Animal Subjects</u></b>	<b><u>Human Subjects</u></b>
Project involves animal subjects.      Yes      No Approval Date: _____ IACUC Protocol # _____	Project involves human subjects.      Yes      No Approval Date: _____ IRB Protocol # _____

**DNA/Hazardous Materials**

Project involves rDNA.      Yes      No Approval Date: _____ Protocol # _____	Project involves biohazards.      Yes      No Approval Date: _____ Protocol # _____
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**Signatures/Certifications**

<p>By signing below, I indicate I have read and understood the Conflict of Interest Policies of the Pennsylvania State University. Furthermore, I acknowledge that the information submitted here is true, complete and accurate to the best of my knowledge. I understand that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I accept responsibility for the scientific conduct of the project and I will provide any required progress reports. Further, my signature below represents general approval of technical merit, allocation of college space and resources and fiscal budgeting. I acknowledge that I have notified the University and/or Sponsoring Agency of any changes in key personnel, effort, compliances, or conflict of interest.</p> <p>_____</p> <p>Principal Investigator</p>	<p>Please indicate any administrative changes in the project for all key personnel (e.g. personnel, effort, shared credit, conflict of interest). Unless indicated in the space below, administration of the project remains in effect as previously reported.</p>
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Institutional Approval: \_\_\_\_\_