**Research Pre- Award Pathway Checklist**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IRB#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
|  | PI initials | Research Admin initials | Date |
| 1. Inpatient Department Head/Director of Clinical Services approval-
 |  |  |  |
| 1. Finance Budget Review include Salary lines (letter attached as needed to document approval)

Check: Indirect costs, Fringe benefits, Audit costs, financial compliance of sponsor  |  |  |  |
| 1. Head of Research

Check: contractual or legal requirements, Intellectual property, Data sharing compliance, ISERC, other compliance requirements  |  |  |  |

As PI for the above study I have completed the above checklist and the attached is the relevant documentation. By signing this form I assume full responsibility and declare that the above is accurate and true.

Principal Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Research Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_