**Compliance Form**

1. **Principal Investigator:**
2. **Project Title:**
3. **Institution:** *(a compliance form must be completed for each performance site)*
4. **Financial Overlap:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Is there active or pending funding for the same scope/aims of current application

If Yes, is funding

|  |  |  |
| --- | --- | --- |
|  | Pending | Expected Award Date: |
|  | Awarded | Award Date: |

Please provide additional details describing the overlap in the scope of work that has been or will be funded as well as the amount of funds and source of funding:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. **Human Subject Use:**

*(includes the prospective or retrospective use of private identifiable data or materials derived from humans)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Is IRB approval pending? Anticipated approval date:

A human Institution Review Board (IRB) approval letter must be received by LIBH before funds will be released to awardees. The IRB approval letter should include the protocol title, approval date, the protocol number, and the multiple project or federal wide assurance number.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. **Human Stem Cell Use:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Are stem cells embryonic (ESC) in origin?

Is IRB/CHR approval pending? Anticipated approval date:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. **Animal Use:**

*(includes the use of live animals in research, teaching or testing)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Is IACUC approval pending? Anticipated approval date:

Please describe the animal model:

An Animal Care and Use Committee (IACUC) approval letter must be received by LIBH before funds will be released to awardees. The IACUC letter should include the protocol title, approval date, the protocol number,and the animal welfare assurance number.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Will any potential or realized intellectual property from this project be optioned or licensed by a company that you (or spouse or dependent children) are affiliated with or own?

If yes, please provide the name of the company and your (spouse or dependent children’s) role.

**Principal Investigator Signature:**