## **UMASS CHAN DEPARTING PI – AWARD TRANSFER NOTIFICATION**

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Princip	bal Investigator:	Agency and Award No. (e.g. NIH R01 GM12345)					
Department: Administra			trative Contact, Phone & Email #:				
(a)	Date PI will leave UMass Chan:	Date that awa Chan:	rd will be relinquished at U	Mass			
(b)	Has all committed cost sharing been met?			es ∏No		N/A	
(c)	) Does this award involve one or more subcontracts?			🗌 Yes		No	
	If yes, has the PI/dept notified the subcontractor(s) of the pending transfer? Name of the subcontractor(s):			🗌 Yes	s 🗌 No		
(d)	) Will any portion of this project need to be subcontracted back to UMass Chan by the new institution to fund graduate students completing degrees, or to cover work that will not be transferred?			🗌 Yes		No	
(e)	Has the PI discussed/notified the funding agency of the intended transfer? If yes, please provide any relevant details in the Comments section below.			🗌 Yes	Yes No		
(f)	(f) Name of the new institution where the PI intends to transfer the award :						
(g)	New Institution Admin Contact:	Name	Phone	Em	ail		
	DEPARTMENT C	CHECKLIST		Yes	No	Completed	
(a)	(a) Personnel appointed to this award should be transferred off the project by the relinquishment date. Personnel that will not be retained must be notified in accordance with UMass Chan HR policy.						
(b)	(b) The Dept. will ensure the PI has certified effort in the ECRT system prior to their departure from UMass Chan						
(c)	<ul> <li>c) Have any inventions been disclosed under the award, or does the award involve use of patented material or material made available to the University under a Material Transfer Agreement? If yes, contact <u>BRIDGE</u></li> </ul>						
(d)	d) Will any equipment be transferred to the new institution?						
	<i>If yes, please specify and contact</i> <b>Asset Management</b> <i>for assistance.</i>				_	_	
(e)	e) Does the transferring project have any of the following compliance items?						
	Human Subjects Research (IRB) If yes c protocol.	contact the IRB offic	ce to closeout the				
	Animal Research (IACUC) If yes, contact and arrange animal transfers.	t the IACUC office t	o closeout the protocol				
	Biohazardous Material/Recombinant D If yes, contact EH&S for assistance with d						
	<b>Radioactive Materials</b> If yes, contact the disposal/transfer of materials.	e Radiation Safety L	Dept. for assistance with				
(f)	Agency-Specific Transfer Forms required:						
	NIH: PHS 3734 (Relinquishment Form)						
	NIH: HHS 568 (Final Invention Statement)						
	Other: (specify):						
Comments:							