

University of Tennessee
(Knoxville Campus Only)
RESEARCH AND LABORATORY COMPLIANCE
Required Prior to Advance Account or Sponsored Program Award Set up

PI Name: _____ Date _____

TERA-PAMS Proposal No.: _____ Sponsor Name: _____

Proposal Title: _____

Verification of research regulatory compliance: Check each category below that is applicable to the proposal referenced above. For each category marked as "yes" provide the requested protocol or permit numbers, if relevant. This is not an all-inclusive list of all possible required compliance approvals, so check website* below for full information.

		<u>If you checked Yes at left:</u>	
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Human subjects, including survey and interview data; protected health information	Provide IRB protocol #: _____
<input type="checkbox"/>	<input type="checkbox"/>	Recombinant DNA/transgenic animals, plants; Agents infectious to humans, animals or plants Human or nonhuman primate materials (e.g. blood, tissue, body fluids, cell lines) Acute biological toxins (LD50<100ng/kg/ in vertebrates)	Provide IBC Registration #: _____
<input type="checkbox"/>	<input type="checkbox"/>	Vertebrate Animals	Provide IACUC protocol #: _____
<input type="checkbox"/>	<input type="checkbox"/>	Radioactive Material or X-ray Producing Machines (including XRF/XRD); Class III B or IV laser systems	Provide RSD Permit #: _____
<input type="checkbox"/>	<input type="checkbox"/>	Activities with hazardous substances (e.g. Chemicals, carcinogens, explosives, etc)	
<input type="checkbox"/>	<input type="checkbox"/>	Activities that involve significant physical hazards (e.g. Noise> 85 dBA, high pressure, altitude, electrical, or sub-radiofrequencies)	
<input type="checkbox"/>	<input type="checkbox"/>	Export Control (including sponsor restrictions on non-U.S. persons or publications; International collaboration or research that could have military utility)	
<input type="checkbox"/>	<input type="checkbox"/>	Is the award sponsored by a PHS agency, or does any member of the research team have a potential financial or organizational conflict of interest?	

*Additional information can be obtained at [UTK Research Compliance](#) or by calling the appropriate compliance office:

Human Subjects: **Kristine Hershberger**, IRB Compliance Officer, (865) 974-7687, kh@utk.edu
 (Contact person for Colleges of Architecture & Design; Education, Health & Human Sciences; Engineering; Law; Nursing; and University-Wide Units).

Human Subjects: **Laura Moll**, IRB Compliance Officer, (865) 974-7494, lmoll@utk.edu
 (Contact person for Colleges of Agricultural Sciences & Natural Resources; Arts & Sciences; Business; Communication & Information; Social Work; and Veterinary Medicine).

Biological Safety: **Brian Ranger**, Biological Safety Officer, (865) 974-1938, branger@utk.edu

Animal Subjects: **Elizabeth Bailey**, IACUC Coordinator, (865) 974-3631, ebailey@utk.edu

Radiation Safety: **Marsha Smith**, Radiation Safety Officer, (865) 974-5580, mmsmith@utk.edu

Environmental, Health & Safety: **Mark Smith**, Environmental Health Director, (865) 974-5084, msmith38@utk.edu

Export Control & COI: **Dairin Malkemus**, Export Control Officer, (865) 974-0232, dmalkemu@utk.edu

** I certify that all research compliance requirements have been or will be addressed prior to spending any funds on the account being requested for this project. (Electronic Signature is acceptable)

PI Signature: _____ Date: _____

For Compliance Office Use Only: (Electronic Signature is acceptable)

 This form and corresponding project has been reviewed and approved to proceed by all the pertinent Compliance Officer(s).

Approved by: _____ Date: _____

Submit By E-Mail

Print Form

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