

Foundation for

The State University of New York

Research Administration

450 Clarkson Avenue, MSC 62

Brooklyn, NY 11203

# Request to Initiate “At-Risk” Account

Authorization Form

Sponsor Name -

Research Project Title -

# Amount – D.C. \_\_\_\_

# Has proposed research received IRB approval? \_\_\_\_\_YES \_\_\_\_\_N/A

If YES, please attach IRB approval.

# Has proposed research received IACUC approval? \_\_\_\_\_YES \_\_\_\_\_ N/A

If YES, please attach IACUC approval

Has proposed research received IBC approval? \_\_\_\_YES \_\_\_\_N/A

If YES, please attach IBC approval

Conflict of Interest:

\*Annual Disclosure Complete? \_\_\_\_ YES \_\_\_\_\_ NO

\*Transactional Form Complete? \_\_\_\_ YES \_\_\_\_\_ NO

\*COI Training Complete? \_\_\_\_ YES \_\_\_\_\_ NO

Backstop Account: \_\_\_\_\_\_\_\_\_

P.I. Name -

P.I. Signature- I certify that the above information is accurate.

Backstop Account Signature-When Required (If P.I. on Backstop Account is not P.I. on At-Risk Account)

Approval -Office of Research Administration

\*Answers must be “YES” prior to establishment of “at-risk” account

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*Research Administration / 450 Clarkson Avenue / Brooklyn, New York 11203*/ *Telephone (718) 270 - 1178* / *Fax (718) 270 - 1407*