

PI Affiliation:

Date of Request:



Grant/Study Name:

Research Compliance Training Registration COI Intake Form

Completed by:

Upon application for a new study or grant, a PI must provide the following information:

Research involves

Funding Source:

	numan subjec	CIS.		
	Yes	Fede	ral	State
	No	Non-F	- ederal	RF
		Intern	al/Unfunded	UPB
				Other:
PI Name (Last, First):		PI Department:		
PI Downstate Email:		PI MM/DD of birth:	PI Phone:	
Important clarification concerning who must the activity do not meet the definition of an	on, regardless of title or position, RESPON: comply: Individuals who do not make independent decision investigator. Transient staff and trainees, such as medical starting of research are not considered Investigators for purpoenter data into an electronic data capturing system and	ns regarding the design, conductudents, residents and fellows, ses of COI. In addition, staff o	t, or reporting of the activity in que who may recruit patients and/or co r trainees who merely implement a	stion and only work on or are engaged in llect and handle data under supervision,
Name (Last, First):	DMC Department:	MM/DD of Birth:	Email:	
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