

TDO contact :	COI (ddmmyyyy):
TDO File:	

RESEARCH AGREEMENT COVER SHEET (FORM 102)

PRINCIPAL INVESTIGATOR: Surname, Given Name(s)		PHONE NUMBER(S)	
TITLE		E-MAIL ADDRESS	
DEPARTMENT	Administrative Contact email: _____ Phone Number: _____		
TITLE OF PROJECT:			
PROGRAM NAME:			
COMPANY/INSTITUTION:		Start Date:	End Date:
TYPE OF AGREEMENT: <input type="checkbox"/> Collaborative <input type="checkbox"/> Equipment <input type="checkbox"/> Service Agreement <input type="checkbox"/> Subgrant <input type="checkbox"/> Other (Specify): _____			
CO-INVESTIGATORS: (Name; Affiliation; Phone Number)			

BUDGET: CDN\$ <input type="checkbox"/> US\$ <input type="checkbox"/> Year 1: \$ Year 2:\$ Year 3:\$ Year 4:\$ Year 5: \$ Total: \$			
OVERHEAD/INDIRECT COSTS ADDED: <input type="checkbox"/> In accordance with policy: _____% \$ <input type="checkbox"/> Rate different than stipulated in the policy: _____% \$ Justification: _____			
TO BE APPLIED FOR BEFORE INITIATION: PLEASE ANSWER ALL QUESTIONS			
Human Subjects Will Be Used		<input type="checkbox"/> Yes	<input type="checkbox"/> No Certificate #

Animal Subjects Will Be Used		<input type="checkbox"/> Yes	<input type="checkbox"/> No Certificate #

Biohazardous Materials Will Be Used		<input type="checkbox"/> Yes	<input type="checkbox"/> No Certificate #

Radioactive Materials Will Be Used		<input type="checkbox"/> Yes	<input type="checkbox"/> No Certificate #

LOCATION(S) WHERE RESEARCH WILL BE CARRIED OUT:			
DEPARTMENTAL SPACE/RESOURCES CONFIRMED:			
<input type="checkbox"/> Yes Necessary equipment is available (research and IMIT)		<input type="checkbox"/> No (Please provide details on page 2)	
<input type="checkbox"/> Yes Adequate administrative and infrastructure support is available		<input type="checkbox"/> No (Please provide details on page 2)	
<input type="checkbox"/> Yes Adequate space is available		<input type="checkbox"/> No (Please provide details on page 2)	

Principal Investigator	1	PRINTED NAME	SIGNATURE DATE
Department Head	2	-----	-----
Vice President	3	-----	-----

RESOURCE IMPACT STATEMENT FOR RESEARCH AGREEMENT

HIRING/HUMAN RESOURCES: Describe new hires and/or senior/unusual positions. Especially any hires requiring institutional support (i.e. whose full costs are not covered by the proposed funding). Describe if/how existing staff would be supported by the proposed funding.

EQUIPMENT: Describe significant equipment acquisitions (large quantities or dollar amounts, other special arrangements). If not already described in "Laboratory", are any changes or renovations to laboratory space required to accommodate proposed equipment?

COMPUTER RESOURCES / IT: Describe IT equipment to be added to site and any need for IT support, including website support, email addresses, networking, data storage, back-up, IT architecture consulting. Describe how project computing and IT will be managed. Confirm consultation and acceptance of proposed plan by IT manager; where applicable, a statement of work can be attached.

OFFICE: Describe any required changes to current office space (additional space required, renovations, and relocation).

LABORATORY: Describe any required changes to current laboratory space (additional space required, renovations, and relocation). Renovation includes any alterations to laboratory space that requires external staff, such as electricians, HVAC, or general contractors.

CONFLICT OF INTEREST: Are you aware of any conflicts of interest that may have a bearing on this project?

Yes (please elaborate below) No (Please note that all conflicts of interest must be disclosed annually to PHSA)

	Principal Investigator	Co-Investigator	Other
Seat on Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat on Scientific Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Role within the Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares in Sponsor Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/Option Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Disclosure Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other conflicts of interest Please describe:

ADDITIONAL INFORMATION:

Will you be using any proprietary or confidential materials or information in the project? No Yes (please specify)

Source of Material: _____

Nature of Material: _____

Are you conducting any research for another collaborator or sponsor that might overlap with this project?

No Yes (please describe)

Will any employees of the collaborator or sponsor be participating in the project? No Yes

If yes – will they be participating on site at the BC Cancer Agency or Research Centre? No Yes

Will they participate on site at another PHSA Agency? No Yes

Site: _____