**Rosalind Franklin University of Medicine and Science**

**INTERNAL RESEARCH ACCOUNT ACTIVATION FORM (IRAAF)**

Date:

Principal Investigator Name:

Sponsor Name:

Project Title :

Department:

Signature of Principal Investigator

If this project involves one of the following categories, please check the box below and obtain the signature

of the person or department indicated in the right column:

Human Subjects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judy Gathman, IRB Office 1.130

Any Chemicals/Radioactive Materials/Biohazards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EHS Representative, BSB 1.358

EHS Registration Number:

(To be filled in by Investigator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biological Resources Facility Dr. Reynolds, BSB 2.300

**Conflict of Interest Disclosure**

As it relates to this research project, do you, your spouse, or you dependent children have any financial interest (e.g. potential monetary receipts from patent, services provided, or expenses incurred) that could reasonably be affected by the research project (i.e. the value could increase or decrease based on the research activities and/or results)?

Yes

No

If “Yes”, contact the Office of the Executive Vice President of Research for additional information.

**Statement of Certification and Acknowledgement**

By signing below, I certify and acknowledge that the information provided is true and complete to the best of my knowledge and belief.

Signature of Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_