

**Harvard Medical School
Internal Routing Form
(For awards made from funding sources internal to HU)**

RESEARCH INFORMATION

Principal Investigator	
First name:	Last name:
Academic title:	HMS Root #
Telephone#:	Fax#
E-mail address:	
Department name:	Org#
Proposed funding:	
Funding source:	
Project title:	

Financial Administrator (person with signature authority for accounts payable in your department)

First name:	Last name:
Title:	E-mail:
Telephone#:	Fax#
Building /room#:	

ANIMAL AND HUMAN SUBJECTS

Does this research proposal involve the use of ANIMALS?	Yes	No
Date of your latest approval	Protocol#	
Does this research proposal involve the use of HUMANS?	Yes	No
If yes, is the protocol exempt from reviewing according to PHS guidelines?	Yes	No
If EXEMPT, exemption #		
If NON-EXEMPT, has this protocol been sent to the Human Studies Review Committee?	Yes	No
Date of your latest approval	Protocol#	
Other approvals needed: (check if applicable)		
Select agents	rDNA	hESC
		Infectious agents

SIGNATURES OF APPROVAL

Principal Investigator	Print name	Signature	Date
Mentor/Advisor	Print name	Signature	Date
Chairperson	Print name	Signature	Date
Sponsored Programs Administration	Print name	Signature	Date