

## Compliance Form for an Investigator transferring to UF

The Office of Research (OR) would like to welcome you to the University of Florida (UF). In order to facilitate a smooth and efficient transition of your research program to UF, please complete the form below. This will help transfer your pending applications, awards and compliance protocols as quickly as possible.

**Contact Information:** If you prefer that we work with someone you designate, please provide us their contact information below.

Name & Title:

Phone:

Email:

Section	Question	Answer (Yes/No)
<b>1</b>	<b><u>Financial Conflict of Interest (FCOI)</u></b>	
	(a) Do you have a current Conflict of Interest Management Plan for an identified Significant Financial Interest or is a Management Plan being developed?	
	(b) Do you, your spouse or dependent children have a personal relationship (paid/unpaid) with an entity that sponsors or has an interest in the results of any of your research projects, where one or more of the following apply? <ol style="list-style-type: none"> <li>1. Own stock</li> <li>2. Receive payments or royalties</li> <li>3. Hold a position</li> <li>4. Perform work for the entity</li> <li>5. Serve on a Board related to the entity</li> <li>6. Name of Entity/sponsor</li> </ol>	
<b>2</b>	<b><u>Human Subjects</u></b>	
	Does your work involve human subjects, including the use of any human data or tissue?	
<b>3</b>	<b><u>Animal Use</u></b>	
	Does your work involve animals?	
<b>4</b>	<b><u>Environmental Health &amp; Safety (EH&amp;S)</u></b>	
<b>4.1</b>	Do you use any of the biological materials listed below? <ol style="list-style-type: none"> <li>(a) Recombinant DNA experimentation including human gene therapy and field releases of genetically modified organisms.</li> <li>(b) Human, animal or plant pathogens (BSL2 or 3)</li> <li>(c) Biological control agents, noxious weeds, or any plant, insect, or organisms requiring state or federal permits for possession, release, use, or transport</li> <li>(d) Cell lines or cultures that have been immortalized with a virus or are primary human tumor cells</li> <li>(e) Human or primate blood or other tissues that are known to be HIV positive or positive for any human disease-causing virus or other agent, when used in research</li> </ol>	
<b>4.2</b>	Does your work involve the use of acute toxins?	
<b>4.3</b>	Does your work involve the use of DEA controlled substances and/or prescription drugs?	
<b>4.4</b>	Does your work involve the use of medical grade gas?	
<b>4.5</b>	Does your work involve the use of radioactive materials?	
<b>5</b>	<b><u>Export Control (EC)</u></b>	
<b>5.1</b>	Do you have a current Technology Control Plan for export controlled research?	

Section	Question	Answer (Yes/No)
---------	----------	--------------------

**5.2** Has any item, equipment or software you are bringing to UF been identified as Export Controlled?

**6 Others**

**6.1** Do you work under Good Laboratory Practice regulatory requirements?

**6.2** Do you have equipment you will be bringing to UF?

**6.3** Do you plan to bring/use any materials, data or items that are provided to you under a materials transfer agreement, confidentiality agreement or data use agreement?

**6.4** What members of your lab are you bringing with you? Please complete the list below.

Lab Member Name	Title/Role

Please list all pending proposals and active funds in your portfolio (or the latest copy of your current and pending support). If you have a copy of the award or proposal, please provide a copy.

Sponsor	Title	Dates	Sponsor Award #	Will you be transferring to UF?	Status (Active/Pending)

For any questions or additional information, contact:

Dr. Irene Cooke  
Division of Research Compliance  
Ph: **352-294-1632**  
E-mail: [irenecooke@ufl.edu](mailto:irenecooke@ufl.edu)