

PCF/MIRA Additional Signature Page

Tracking Number (If Known)	Title of Project/Study
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RESPONSIBLE SIGNATORY

By signing this PCF/MIRA, the undersigned certify that

- 1) the listed effort is consistent with University policies and procedures and any applicable sponsor/funding agency requirements, current workload assignments, and current (or active) grants and contracts (or that they will revise their respective effort on other projects such that this listed effort is consistent with the preceding);
- 2) they will abide by the terms and commitments of the award/contract/agreement resulting from this PCF/MIRA submission;
- 3) they have read, understand, and are bound by the University of Louisville's Conflict of Interest Policies, located at [COI Policies](#) and that they have made all disclosures required by it, if any, and will comply with any conditions or restrictions imposed by the Institution to manage, reduce, or eliminate actual or potential conflicts of interest; further, they certify that they will comply with the University of Louisville's Conflict of Interest Policies throughout the life of this project and will update the Attestation and Disclosure Form (ADF) whenever new reportable interests occur;
- 4) they are currently eligible to participate in governmental programs as outlined at [Purchasing Policies](#) and the associated Sanctions Check Policy and should their eligibility change that they will notify Office of Sponsored Programs Administration of such;
- 5) all project participants represent and warrant that they have never been (a) debarred or threatened to be debarred or (b) convicted or indicted of a crime or otherwise engaged in conduct for which a person can be debarred under Section 306(a) or 306(b) of the Federal Food Drug and Cosmetic Act of 1992 and further agree to promptly notify Office of Sponsored Programs Administration upon becoming aware of any debarment, conviction, threat of such, or indictment against themselves or any affiliated individuals providing services for this project.

The appropriateness of this submission is the responsibility of the PIs, departmental units and academic units (college or school). If an electronic version of the signed PCF/MIRA is submitted, it is understood that the PCF/MIRA with original signatures (which was scanned and sent electronically) will be maintained by the respective department(s) of academic appointment, college(s) or institutional office(s) that obtained the signatures.

PRINCIPAL INVESTIGATOR ATTESTATION

- 1) I certify that, to the best of my knowledge, the project described in this submission is scientifically sound, ethical, and respects and protects the rights and welfare of human participants in research.
- 2) I certify the information contained in this application is true, complete and accurate, to the best of my knowledge, and acknowledge that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.
- 3) I agree to adhere to the credential requirements of the respective site(s) at which the research will be conducted (as applicable).
- 4) I agree to adhere to the compliance policies and procedures and all billing practices of the respective site(s) where the project is being conducted, to comply with all regulations, not to bill any third-party payer for items specifically reimbursed by the sponsor, and to conduct study within guidelines of good clinical practice (as applicable).
- 5) I understand that I am responsible for the budget specified in this submission and any deficits or uncollectible costs per the Research Handbook.
- 6) I agree to accept responsibility for the scientific conduct of the project.
- 7) I agree to provide required progress reports and/or other deliverables as specified in any award/contract/agreement that results from this PCF/MIRA submission.
- 8) I agree to notify Office of Sponsored Programs Administration should any external governmental regulatory entity notify me of an investigation/audit or other inspection/review of the project described in this PCF/MIRA submission.

The term affiliated persons includes, but is not limited to, clinical investigators, nurses, technicians and other individuals or parties working on the project or involved with the development or submission of data related to the research study/project.

UofL PI'S DEPARTMENT CHAIR APPROVAL

- 1) I certify for those individuals in my department that the proposed listed effort is consistent with University policies and procedures and the individuals' work plan assignments within my department.
- 2) I certify that resources (funding, space, faculty/staff members) are adequate to support or supplement this project.

Check boxes for appropriate role:	<input type="checkbox"/> MPI	<input type="checkbox"/> Co-I	<input type="checkbox"/> Key	<input type="checkbox"/> Add'l	<input type="checkbox"/> MPI	<input type="checkbox"/> Co-I	<input type="checkbox"/> Key	<input type="checkbox"/> Add'l	<input type="checkbox"/> MPI	<input type="checkbox"/> Co-I	<input type="checkbox"/> Key	<input type="checkbox"/> Add'l
Description of Role for Key/Additional Personnel												
Department Number (Used for Dept RIF) ¹												
Department Name												
Printed Name ^{1,2}												
Job Title (Include rank) ^{1,2}												
UofL Employee ID Number ^{1,2}												
Phone ^{1,2}												
Email ^{1,2}												
Percent Effort on Project ^{1,2}												
Percent RIF (Percent Collaboration—Cumulative 100%) ¹												
FOR OSPA USE—Individual RIF Code												
FOR OSPA USE—Departmental RIF Code												
Percent if VA Appointment ¹												
I acknowledge that I am in compliance with the UofL Conflict of Interest Policy and have a current Attestation & Disclosure Form (ADF) on file with the COI Program. ^{1,2}	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
Signature of Individual Engaged in Research												
Date												
Signature of Division Chief (If applicable)												
Printed Name												
Date												
Signature of Department Chair or Unit Head												
Printed Name												
Date												
Signature of Dean or Unit Head												
Printed Name												
Date												

¹ Required for principal investigators/co-investigators

²Required for other individuals

[Click here for additional signature page](#)