

**University of North Texas
Office of Research Services
Services Routing Form**

| For ORS Use Only | |
|------------------|--|
| File Number | |
| PI Last Name | |

Proposal

| | | | |
|----------------|----------|------------------------------------|-------------------------|
| Start Date | End Date | Services Location (building, Room) | Discretionary Account: |
| Customer: | | | Services Project Total: |
| Name: | | Phone: | Email: |
| Service Title: | | | |

Principal Investigator

| | | |
|-------------|----------|--------|
| Name: | Phone: | Email: |
| Department: | College: | |

Research Compliance Approval

| | <u>Yes</u> | <u>No</u> | <u>Date Submitted</u> |
|--|------------|-----------|-----------------------|
| Human Subjects | | | |
| Live Vertebrate Animals | | | |
| Radiation | | | |
| Lasers | | | |
| Biohazardous Agents and/or Recombinant DNA | | | |
| Current Conflict of Interest form on file for each investigator? | | | |
| Have any PI/Co-PIs had any relationship(s) with the company or other non-academic organizations involved in this project? | | | |
| If yes, provide explanation on a separate sheet attached to this form. | | | |

Academic Signature

| | | |
|---|--------|-------|
| My signature below indicates my agreement to submission of this proposal and, if it is awarded, my commitment to this project's compliance with UNT Policies, the requirements of the sponsor, and all applicable laws and regulations. All resources needed to conduct the project have been approved. | | |
| PI: | Phone: | Date: |
| Chair: | Phone: | Date: |
| Dean: | Phone: | Date: |

| For ORS Use Only | |
|------------------|-------|
| GO: | Date: |
| ADSP: | Date: |