

SPONSORED PROGRAMS
PRE IRB-IACUC SPENDING AUTHORITY FORM
Attach to ECAV FORM if Applicable

Project/Grant Number: _____ ORA Proposal Number: _____
(enter TBA if new & unassigned, or UNK if unknown)

Date: _____

Attention: Grants and Contracts Accounting (GCA)

I, _____, Principal Investigator on the project titled _____, certify that I have read, understand and will abide by the following Institutional Review Board (IRB) and/or Institution of Animal Care and Use Committee (IACUC) policy, in order to establish a project/grant in the University of Oklahoma Health Science Center system prior to approval of the IRB/IACUC.

No funds may be drawn down from the payment system or expended for any research involving human or animal subjects until IRB/IACUC approval has been granted. I will continue to process the IRB/IACUC approval through the system. The following outlines the current status of the IRB/IACUC Approval.

- 1) IRB/IACUC paperwork was submitted on _____ to the IRB/IACUC Committee. Once I receive approval, I will notify GCA and provide a copy of the IRB/IACUC approval so that I may commence research involving human subjects/animals.
- 2) IRB/IACUC approval is deferred at this time due to the fact that we are in the early stages of research not involving research with human subjects/animals. I estimate that the IRB/IACUC approval will be required on _____.

This certification has been reviewed and approved by _____, the Department Chairman of the appropriate GL Org. as signified by their signature below.

Sincerely,

PI

Department Chairman of the
Appropriate GL Org