OUHSC ROUTING FORM HAROLD HAMM DIABETES CENTER MEMBER AWARD APPLICATIONS

This form to be completed by OUHSC applicants only. All others please use "General Routing Form"

Instructions for Submission: This routing form must be included as the cover page to your award application and all applications materials. Combine 1) this routing form, 2) your award application, and 3) all application materials listed in the guidelines for the award into a single PDF file and e-mail to hhdcmembership@ouhsc.edu by the specified deadline.

Applicant'	s Name:				_
S	neck one - if applying for i leed Grant raining Grant Iream Concept Award	multiple awards, complete separat Bridge Grant Travel Stipend Other:	eparate routing form for each application) Equipment Grant Enrichment Grant		
	hip Level: (check one) lember	Associate Member Tra	ainee		
l1	Trainee member, please Undergrad Stude Other:		Post-Doc	Resident	Fellow
I F	RB IACUC	at will be required <u>if</u> your proposal is funde IBC Radioactive Materials	s Narcotics/Co	eek approval at time of a ontrolled Substance	
Certification	human research participan Institutional Review Board	ree that all individuals responsible for th ts have completed (or shall have compl s (IRB) required educational program or isclose all inventions to the OUHSC Offi	eted prior to the start on the protection of hum	f the proposed researd an research participan	th) the OUHSC
	Have you read and underst Do you agree that the prop scholarship, including spec	ood the OU Board of Regents Conflict osal submitted herewith (i) is complete ifically the proper attribution and citation tegrity and objectivity of research?	in its technical content,	(ii) adheres to the rule	
	of the award and the polici	oposal/ project is funded you will condu es of OUHSC, and that you will be respo nnical reports and deliverables on a tim	onsible for meeting the r		
	Do you agree to comply wi	th the Office of Export Controls as is d	etailed on their webpag	e?	
Certification	ons				
By signing accurate to criminal, ci project and applicable, time specif employees	o the best of your knowled vil, or administrative pena I to provide the required p you certify that you will n ied within an agreement of who have a need to rece	certify (1) that the information subrige; (2) that any false, fictitious, or alties; and (3) that you agree to according the second to grant/project is naintain the confidence of any information to further the purification will advise those working under the purification.	fraudulent statement cept responsibility for a awarded as a resul rmation received from of that confidential into purposes of the Agree	lication is true, com ts or claims may su r the scientific cond t of the application. In another party for formation to only the ement and in accord	bject you to uct of the Further, if the length of ose OUHSC dance with the

confidentiality and you shall obtain their written agreements to the terms/conditions if required by an agreement to do so.

_____ Date:___

Applicant Signature: