



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

Attachment A – Request for Exception to PI Eligibility Policy: Reduction or Change in Hospital Employment/ Appointment

To be completed by the Proposed PI

Name:

Official hospital appointment title:

Email address:

List grants including: Sponsor number: Partners account number: Project period:

Administering department:

Administrative contact name and email address:

Reduction or Change in Hospital Employment/Appointment

Attach a detailed written justification, co-signed by the Chief, that addresses effort adjustments and how appropriate participation and oversight will be provided. If the PI is reducing appointment to assume primary employment elsewhere, s/he must explain how responsibilities will be split between institutions. If PI continuation is approved, the PI is responsible for obtaining all necessary regulatory approvals at new institution and for working with Partners and new institution to execute appropriate agreements for transfer of data and/or specimens, intellectual property rights, and publications rights related to ongoing research at the Partners institution.

PI certification:

By signing this request, I confirm I have read the Partners PI Eligibility Policy and understand the responsibilities PI designation conveys and the provisions with which I must comply in order to maintain PI eligibility.

Signed: _____ Date: _____

Printed Name: _____

Chief certification:

I recommend the above-named individual continue to serve as Principal Investigator for the above named project(s). I confirm the necessary space and other required resources will be available through the completion of the project period. I have read the Partners PI Eligibility Policy and confirm that the department will provide the support and oversight to meet necessary policy requirements.

Signed/Faculty Sponsor/Mentor: _____ Date: _____

Printed Name: _____

Signed/Chief/ Division Chair: _____ Date: _____

Printed Name: _____

SR. VP OF RESEARCH/Equivalent Position/Designee DETERMINATION:

Approved _____ Denied _____

Sr. VP of Research Signature Date