Pre-Award Intake Form — Department of Medicine RAS

Please complete as much of the below as known to help us assist you better and more efficiently! Please attach any relevant files or correspondence to your request for assistance.

SECTION A- PROPOSAL DETAILS

SPONSOR: **DUE DATE/DEADLINE:**

PRIME SPONSOR (If Emory will be a subrecipient**):**

SOLICITATION / ANNOUNCEMENT:

NIH Institute, if applicable:

SUBMISSION TYPE: ○ **New Proposal** ○ **Resubmission** ○ **Supplement** ○ **Progress Report** ◉ **Other**

If Other: **PURPOSE:** (Please Select)

PROPOSAL TITLE:

PERIOD OF PERFORMANCE:

PERSONNEL: Please provide a list of all project personnel (Key and Other) and note if they meet the definition below.

Significant Contributor/Investigator Definition *- "Investigator" means any individual, regardless of his or her title or position, whether faculty, staff, or student, who has the ability to make independent decisions related to the design, conduct or reporting of University Research, but not including individuals who perform only incidental or isolated tasks related to a research project.*

Name	Project Role	Do they meet the above definition (Y/N)?	% Effort

Other Direct Costs: Please provide any other relevant line item details for our office to get started with your budget.

SUBRECIPIENTS: If the budget includes subawards/subcontract(s), please provide an administrative contact where possible, and the Pre-Award Admin will send an official request for proposal to the appropriate institutions with a list of required files and timelines.

Institution	Technical Contact Info	Admin Contact Info

Additional Comments for RAS:

SECTION B- MISC PROPOSAL INFORMATION NECESSARY FOR EPEX ROUTING

1. Will new or additional space or renovation of existing space be required for the proposal?
   ○ Yes ○ No If Yes, please specify.

2. Are possible inventions anticipated for the proposal?

○ Yes ○ No If Yes, please give a brief description of possible invention(s).

3. Does the proposal involve confidential information?

○ Yes ○ No

4. Where will the research be performed [room number(s) and building name(s)]?

5. Is there animal care and use for the proposal?

○ Yes ○ No If Yes, please specify current protocol information if available or note if pending.

6. Are human subjects involved in the proposal?

○ Yes ○ No If Yes, please specify current protocol information if available or note if pending.

7. Will any Third Party Materials (see instructions) be used or transferred during the proposed research, including third party devices, cell lines, gene constructs, promoters, or the like?

○ Yes ○ No If Yes, please give a brief description.

Instructions: This question is designed to identify whether proprietary materials are being used that may require Emory to obtain or confirm that the Sponsor has a license. Third Party Materials in this context are proprietary materials that you have obtained from a non-sponsor. Particular materials include, for example, tetracycline-inducible promoters. This is not intended to include basic, non-proprietary laboratory supplies such as buffers or similar reagents.

8. Is this proposal utilizing Veteran's Administration (VA) space, patients, resources and/or VA time?

○ Yes ○ No If yes, please state if the work will fully or partially be done at the VA.

9. International Activity: Please provide details if any of the below apply.

- Activity outside US: It involves research or activities to be conducted outside of the United States.
- Collaboration: It involves collaboration with a foreign organization (including subawards and other means of engagement).
- Staffing: It involves sending existing employees abroad, hiring new Emory employees to be based abroad, or engaging independent contractors based abroad.
- Property: It requires in-country resources secured and/or managed by Emory (examples: procured, leased, or managed office space, vehicles, or equipment).

10. Will there be any clinical professional or technical charges (e.g., for drugs, medical devices, laboratory or radiology tests, physician services, or medical procedures) during the course of this study that generate a CPT or CDM code at an Emory or Grady healthcare facility that may be billed to study accounts or third-party payors such as Medicare, Medicaid, or health insurance companies?

○ Yes ○ No If yes, this will be sent to the Office for Clinical Research (OCR). If you are unsure whether this proposal needs OCR's review, please refer to the OCR Decision Tree found HERE.

11. Key Words: EPEX requires at least one key word that relates to your proposal.

12. Major Goals: EPEX requires the major goals of the proposal to be listed. Provide a brief description or reference the document that this text can be copied from. This will eventually be used to pull for the Other Support document.