



OFFICE OF SPONSORED PROGRAMS ADMINISTRATION

www.rockefeller.edu/sr-pd/

INSTITUTIONAL ROUTING FORM FOR DATA ACCESS REQUESTS

SECTION 1: APPLICANT/PRINCIPAL INVESTIGATOR (PI)

Applicant/PI's Name

Admin Contact Person

Dept./Lab Head (if not Applicant/PI)

SECTION 2: APPLICATION

Sponsor/Source of Data

Submission Deadline

Requested Start Date

Project Title

Project Number/ID (if known)

Proposal Type (Check all that apply)

New

Renewal

Revision

Closeout

Names of all RU personnel who will be accessing the data:

List of data sets being requested (attach additional page, if necessary)

SECTION 3: COMPLIANCE (Check and complete all that apply, including for subawards)

Provide Protocol # and Approval Date, IRB Determination Info, or write "Pending" if determination not yet made

Human Subjects (includes GWAS)

SECTION 4: APPLICATION CERTIFICATION

Please certify that (1) the information above is true, complete and accurate to the best of your knowledge; (2) you understand that any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties; (3) you agree to accept responsibility for the scientific conduct and data security of the project and to provide the required progress reports; (4) to notify OSPA and IT if the information submitted on the data security questionnaire changes, and (5) to abide by all terms spelled out in the data use agreement governing the requested data set(s).

PRINCIPAL INVESTIGATOR SIGNATURE

DATE

HEAD OF LABORATORY SIGNATURE
(if the PI is NOT HOL)

DATE

VICE PRESIDENT/DEAN (as applicable)

DATE

OSPA 1st Reviewer/Date:

OSPA 2nd Reviewer/Date:

Authorized Organizational Rep./Date

SECTION 5: OSPA USE ONLY

Comments:

Post-review Items: