**Washington University Joint Research Office for Contracts**

**INDUSTRY SPONSORED RESEARCH INTAKE QUESTIONNAIRE**

**PLEASE NOTE THIS IS AN INTERNAL DOCUMENT TO WASHINGTON UNIVERSITY ONLY. DO NOT SEND TO OUTSIDE PARTIES FOR COMPLETION.**

**PRINCIPAL INVESTIGATOR** email phone

**Department RMS PD # (required to proceed)**

**PI Office Contact/Business Manager** email phone

**Secondary Investigator** email phone

**DURATION OF AGREEMENT**: 6 mos. \_\_\_\_\_ 1 yr. 2 yrs. 3 yrs. Other

**RESEARCH TITLE:**

**SPONSOR NAME:**

**Sponsor’s Contact Person:**  **e-mail:**

**BUDGET\* - Protocol**

University overhead for corporate sponsored studies is **50% (Med. School), and 57.5% (Danforth),** effective July 1, 2020. The Budget must incorporate the appropriate University overhead, any departmental overhead, and fees. **\*Please provide a copy of the budget, the protocol and all supporting documents. In addition, all budgets must be submitted to the Office of Sponsored Research Services through the PDS system and, once approved, notify the corresponding PDS number to the JROC contract coordinator.**

**WHO DEVELOPED PROTOCOL?**

PI\_\_\_\_ Industry Sponsor Non-Industry Sponsor Both PI and Sponsor (If both, who initiated protocol?)

**PUBLICATION** — Indicate the total length of time you will allow the sponsor to review your publication:

30- 60 days \_\_\_\_ 60 -90 days\_\_\_\_

Do you anticipate publishing jointly with Collaborator? **Yes \_\_\_\_ No \_**

**INTELLECTUAL PROPERTY**

Do you anticipate that you will make an independent discovery or invention related to the study you are performing, or do you expect to make an improvement to or develop a new use for the Sponsor’s product? **Yes \_\_\_\_ No \_**

*If yes, please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any issued or pending patents, or have you ever filed an invention disclosure related in any way to the project? **Yes \_\_\_\_ No \_\_\_**

*If yes, please explain:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be receiving any proprietary materials from the sponsor? **Yes \_\_\_\_ No \_\_\_\_**

*If yes, please describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be sending any proprietary materials to the sponsor? **Yes \_\_\_\_ No \_\_\_\_**

*If yes, please describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will materials (other than those provided by the sponsor) be used in the performance of your research?

**Yes \_\_\_\_ No \_\_\_\_**

*If yes, what is the source of these other materials (please attach any related MTAs)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HUMAN SUBJECTS DATA** – Are you sending any human subjects data (including genomic data) or biospecimens? **Yes \_\_\_\_ No**

If Yes, was any data/specimens collected or generated after November 2016 under NIH funding? **Yes \_\_\_\_ No**

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Will you be sending or receiving any PHI, including a Limited Data Set?

**Yes \_\_\_\_ No**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATED RESEARCH** — Are you doing any related research for another party including another private entity or the NIH that could conflict or overlap with this study? **Yes \_\_\_\_*\_*No \_\_\_\_\_\_If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER PARTICIPANTS** Will there be any students or post-docs working on this project? **Yes \_\_\_\_*\_\_\_* No \_\_\_\_\_\_**

**NON-EMPLOYEES** Will there be any Visiting Scholars or other non-employees working on this project or present in the lab during performance of the project? **Yes \_\_\_\_*\_\_\_* No \_\_\_\_\_\_**

**CONFIDENTIALITY** Indicate time period after study you are willing to keep sponsor information confidential:

3 - 5 years \_\_ 5-*7* years \_\_\_

**DISCLOSURE** – Do you\* or any investigator\* participating in the study have a financial interest in the sponsor consisting of:

[ ]  Consulting, [ ]  Speaking fees, [ ]  Serving on a BOD or SAB, [ ] Honoraria, [ ]  Personal Gifts, [ ]  Licensing agreement or royalty income, [ ]  Equity interests, including stock, stock options, warrants, partnership or equitable ownership interests, or [ ]  Other fees/compensation

 *\*includes family member(s).*

**ICOI** – To your knowledge, does this study involve utilizing a technology developed at Washington University that is currently licensed to a commercial entity? Yes [ ]  No [ ]

If yes, please answer the following: Briefly describe the technology:      ; Provide the name of the inventor(s) and their department name      ; Provide the name of the commercial entity that is party to the license agreement (if known)

**BUDGET** (Please fill out)

**Funding:** Direct costs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Indirect costs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT SCHEDULE**:

Will payments be tied to: (1) specific deliverable, (2) time periods (e.g. quarterly), or (3) will they be cost-reimbursable (i.e. WU will regularly invoice for costs incurred in a specific time period)?

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include preferred payment schedule in the space provided below:

**STATEMENT OF WORK:**

Please attach the statement of work to your response. This description will be appended to the agreement.

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**Please send to the JROC staff member who provided this form, or if obtained from our website, to the Contract Assistant – ResearchContracts@wusm.wustl.edu.**