

NIH Office of Intramural Research (OIR)

Clearance for Designation of a NIH Associate Research Physician or Senior Research Physician as NIH Principal Investigator for Cooperative Research and Development Agreement

Clearance Form

This form serves to confirm the designation of the NIH Staff Clinician named below as an Associate Research Physician (ARP) or Senior Research Physician (SRP) eligible to serve as NIH Principal Investigator for the proposed Cooperative Research and Development Agreement (CRADA) described below.

This form also documents the approval and support of the Supervisor and Clinical Director of the ARP or SRP serving in the role of CRADA Principal Investigator for the proposed CRADA project and for the use of appropriate levels of IC resources to conduct the proposed CRADA project.

The undersigned acknowledge that the ARP or SRP's participation in the CRADA collaboration will require ethics review and clearance before substantive negotiation can begin on this CRADA. Consequently, if the ARP or SRP is not currently an OGE 450 filer, s/he must contact the IC Deputy Ethics Counselor to ensure that an approved OGE 450 is on file prior to commencement of the NIH CRADA ethics clearance process.

The ARP or SRP must complete this form before her/his technology transfer office begins negotiation of the proposed CRADA. Once this approval is obtained, a copy of this fully signed clearance form must be provided to the technology transfer specialist who will negotiate the CRADA following initial contact by the ARP or SRP.

Name of NIH Staff Clinician:

Organizational Affiliation:

NIH Designation:

Title of Proposed CRADA:

Name of Collaborating Organization:

Brief Description of Proposed CRADA Project: *Please provide on page 2*

By signing below, I hereby acknowledge that I have completely read and understand the CRADA clearance form, eligibility, and requirements.

NIH Staff Clinician Signature:

Date:

Brief Description of Proposed CRADA Project *(no more than 100 words):*

Approvals

Supervisor Signature:

Date:

Name:

Clinical Director Signature:

Date:

Name:

Scientific Director Signature:

Date:

Name: