

School of Medicine Clinical Research Offset Agreement

(This form must be completed in its entirety)

Department: _____

Sponsor: _____

Project Title: _____

Principal Investigator: _____

- This study is industry initiated, offset 10%
- This study is investigator initiated, offset 5%
(includes Federal, Federal flow through, &
PCORI studies)
- N/A Investigator/s effort will be offset via IFR or charged directly to the award
- This agreement is unfunded
- The terms of the Offset Agreement do not apply, as the effort on this study is to be cost shared within the limits of the SOM 5% cost share cap. This is consistent with all State faculty participants involved with this study.
- The terms of the Offset Agreement do not apply, as the effort on this study is to be cost shared. This cost share will *not* count towards the SOM 5% cost share cap.

This offset agreement represents an alternative mechanism to the IFR salary recovery process. I agree to allow the Office of the VP for Research to transfer the above offset of all cash received (excluding the IRB fees and Office of Clinical Trials fee) into a Department Clinical Research Offset award. I further understand that my selection of the Clinical Research Offset Agreement in the myResearch system constitutes my affirmation of this agreement and further affirms the certification of effort on this sponsored project. The approval of this agreement by the Department Chair is equally implicit in the Chair's approval of the myResearch proposal.

List all participating faculty and their effort on the COEUS Investigator/Key Screen