

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%
- 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.

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 uploading of this Clinical Research Offset Agreement to the COEUS 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 COEUS proposal.

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