UMKC DATA FORM UM RESEARCH BOARD APPLICATION

INVESTIGATOR DATA		
1. Lead Principal Investigator	2. Employee ID	3. Phone Number
4. Campus Address	5. College, School or Division	6. Department or Unit
7. Co-Investigator	8. Employee ID	9. Phone Number
10. Campus Address	11. College, School or Division	12. Department or Unit
13. Project Title:		•
COMPLIANCE, HEALTH & SAFETY DATA		
14. Are Human Subjects Involved? (Circle one)	15. Circle Any Items Involved:	
Yes No	Recombinant DNA	Biohazards
Is Animal Use/Experimentation Involved? (Circle one)	Radioactive Material	Hazardous Chemicals
Yes No	Other Potential Hazard	
	APPROVALS	
Signatures are required of: 1) Lead Principal Investigator Principal Investigator and Co-Investigator(s).	or; 2) Department Chair(s) of Lead and Co	-Investigator(s): and 3) Dean(s) of
It should be understood that the approvals given on this resources and fiscal budgeting, but do not represent spe		•
Projects involving any of the above "Compliance, Healt approvals need not be obtained until Notice of an Awar	•	ate approvals before initiation. Such
	SIGNATURES	
16. Lead Principal Investigator Date	17. Chairperson D	Date 18. Dean or designee Date
CO-INVESTIGATOR SIGNATURES AND DATES		
19. Co-Investigator Date	20. Chair	Date 18. Dean or designee Date
22. Research Administration Official Date		
CONTROL DATA (ORS Use Only)		
23. Date Received in ORS	24. Date Submitted to UMRB	25. Proposal Number

This signed Data Form, project abstract, budget, and budget justification is due five (5) business days prior to the UMRB deadline. Please e-mail the Data Form, project abstract, budget, and budget justification to r-grants@umkc.edu, OR fax to 816-235-6532 Full proposal upload through the UMRB web application system is due two (2) business days prior to the UMRB deadline. NO HARD COPY OF THE PROPOSAL IS REQUIRED.