**UTAH VALLEY UNIVERSITY**

**CHANGE OF PRINCIPAL INVESTIGATOR (PI) REQUEST FORM**

**Original PI Name:** [PI Last Name, First Name]

**Project tracking number #:** [Award #] **OSP tracking #:** [OSP Assigned #]

**Project/Protocol Title:** [Title] **IRB # (if applicable):** [IRB #]

**Department:** [PI Department] **Financial Index Account #:** [Index #]

**Reason for change of PI:** [Justification]

*By signing below, I agree to remove myself as the Principal Investigator of the above-referenced project/study \*****effective [Date Change of PI takes effect]****\*.*

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**Signature of Original PI Date**

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**Signature of Originating Department Chair Date**

*\*Required when change of PI results in change of Department*

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**Signature of Originating Dean or Executive Administrator Date**

**New/Replacement PI Name:** [PI Last Name, First Name] **Employee ID:** [UVUID]

**PI Telephone #:** [Telephone] **PI Email:** [Email]

**Administrating Department:** [Administering Department]

**College:** [College]

**New PI qualifications:** [Qualifications]

*\*Attach new PI CV or Bio*

**NEW PI ASSURANCES**

By signing below, I certify that:

* I have reviewed the protocol, if applicable, and the agreement for this study and/or project, understand my obligations thereunder, will fulfill my obligations, and will personally conduct or supervise the described clinical trial and/or project;
* I have met with the Director of Sponsored Programs and agree that I am qualified to act as PI and accept responsibility as specified thereby;
* I have read and understood the UVU Research Misconduct Policy; and

I have completed and signed a [Sponsored Programs Conflict of Interest](https://www.uvu.edu/compliance/docs/conflict_of_interest_form_uvu_research_or_sponsored_program_interest.pdf) (“COI”) disclosure form located on the UVU Compliance website**.** (Submit completed form to OSP@uvu.edu.)

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**Signature of New/Replacement PI Date**

**NEW ADMINISTRATING DEPARTMENT CHAIR/DIVISION HEAD AND DEAN APPROVAL**

*\*Required when change of PI results in change of Department*

By signing below, I agree to commit the support of the Department and College to this project/study and approve the change of Principal Investigator:

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**Signature of New/Replacement Chair/Division Head Date**

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**Signature of New/Replacement Dean (if applicable) Date**