

# SRS Compliance Review Form

PI: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Sponsor Name and Award #: \_\_\_\_\_

Budget Period Start Date: \_\_\_\_\_ Budget Period End Date: \_\_\_\_\_

SAP# (If available): \_\_\_\_\_ Form Prepared by: \_\_\_\_\_ Coeus Proposal (PD)#: \_\_\_\_\_

Coeus Award #: \_\_\_\_\_

\*If new award, leave blank

Live Vertebrate Animals involved?  Yes\*  No

*\*SRS Reminder: Forward this form and the necessary proposal sections to the IACUC administrator for congruency review if required according to the current policy*

PI name holding the protocol: \_\_\_\_\_

Protocol #\*\*\*: \_\_\_\_\_ IACUC Approval Date: \_\_\_\_\_

\*\*If an external protocol is listed, please list the institution name with the protocol # and provide a copy of the approval.

\*\*External Institution Name: \_\_\_\_\_

Human Subjects involved?  Yes  No

Is this a clinical trial?  Yes  No

PI name holding the protocol: \_\_\_\_\_

Protocol # or Exception #\*\*\*: \_\_\_\_\_ IRB Approval Date: \_\_\_\_\_

\*\*If an external protocol is listed, please list the institution name with the protocol # and provide a copy of the approval.

\*\*External Institution Name: \_\_\_\_\_

Recombinant DNA or Hazardous Agents?  Yes  No

PI name holding the protocol: \_\_\_\_\_

Protocol #: \_\_\_\_\_ Approval Date: \_\_\_\_\_  Biohazard  Recombinant DNA  Radioactive

Protocol #: \_\_\_\_\_ Approval Date: \_\_\_\_\_  Biohazard  Recombinant DNA  Radioactive

Protocol #: \_\_\_\_\_ Approval Date: \_\_\_\_\_  Biohazard  Recombinant DNA  Radioactive

