**Research Faculty Resignation Questionnaire**

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| 1. **1. What is the effective date of your resignation and your timeline for an orderly transition of your research to the new PI?**
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| 1. **2. Will you retain any type of appointment at UMB? (Y/N)**

**If yes, what type of appointment?** |  |
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| 1. **3. Provide a list of IRB approved applications on which you are the PI.**
2. **For each application provide the following:**
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| * 1. **a. Application Number**
 |  |
| * 1. **b. Current status of the study:**
 | i. Enrollment has not startedii. Active enrollmentiii. Enrollment closed and participants receiving study interventioniv. Enrollment closed and intervention completev. Retrospective chart review onlyvi. Other  |
| * 1. **c. Do you plan to remain PI of this study (Y/N)?**
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| **i. If yes, what is your plan to oversee the study?** |  |
| **ii. If no, list new PI.** |  |
| **iii. If no, have you submitted a change in research in eIRB2 to change the PI?** |  |
| **iv. If no, have you notified any of the following that you will no longer be the PI for this study?****- ORD (Y/N)** |  |
| **- Sponsor (Y/N )**  |  |
| **-OAC (Y/N)** |  |
| **-Co-investigators (Y/N)** |  |
| **-Participants (Y/N)**  |  |
| **v. Will participants be notified and/or reconsented?** |  |
| * 1. **d. Is there an IND/IDE for this study? (Y/N)**
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| **i. If yes, who holds the IND/IDE?** |  |
| **ii. Has the FDA been notified?** |  |
| * 1. **e. Were biospecimens collected as part of this study?**
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| **i. If yes, where are they stored and describe your plan for what will be done with them.** |  |
| * 1. **f. What type of data is collected for this study?**
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| **i. Do you plan to take a copy of any data from this study with you?** |  |
| **ii. If yes, have you obtained departmental permission?** |  |
| * 1. **g. Is this a clinical trial? (Y/N)**
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| **i. If yes, is it registered on a clinical trials website?** |  |
| **ii. Provide the clinical trial number:** |  |
| **iii. Has the website been updated? (Y/N)** |  |
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| 1. **4. Are there any budgetary issues to be resolved? Has ORD been notified?**
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| 1. **5. Provide a list of IRB-approved applications on which you are co-investigator. For each application provide the following:**
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| * 1. **Application Number**
 |  |
| * 1. **Do you plan to remain as a co-investigator on this study? (Y/N)**
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| * 1. **If no, has a change in research been submitted in CICERO to remove you as a co-investigator? (Y/N)**
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