**STEPS TO COMPLETE THE PI SEPARATION PROCESS**

1. **Complete the PI Separation Checklist**:
The PI and department representatives should fill out this form. The checklist should include responses to key questions related to sponsored projects, data transfer, equipment, and other institutional responsibilities. The checklist must be signed by the following individuals:
	* The Departing Principal Investigator
	* DMO or ADM
	* Department Chair
	* Dean
2. **Submit the Checklist**:
The signed checklist should be submitted via email to Dr. Amala Rougeau at the Office of Research Operations (research@uth.tmc.edu) for processing.
3. **Review by Institutional Entities**:
Upon submission, the checklist will be routed to the relevant institutional entities (e.g., Sponsored Projects, IRB, SHERM, AWC, etc.) for review. These entities will ensure that all necessary actions have been taken and may raise any issues that need to be addressed.
4. **Obtain Final Approval**:
Once all actions have been reviewed and approved by the relevant departments, the Office of Research Operations will forward the checklist to the Senior Vice President for Academic and Faculty Affairs for the final signature, officially concluding the PI separation process. You will be forwarded the final signed form for your records.

**Principal Investigator Separation Checklist**

|  |
| --- |
| Separating employee information |
| PI Name and Title:  |  |
| Department/School: |  |
| Dept Chair Name: |  |
| Dept Admin Name:  |  |
| PI New Contact Information: | Email:  |  | Phone:  |  |
| Separation Date: |  | Last day worked: |  |

When a researcher resigns or retires from the University, there must be a plan for orderly transfer or closure of all research responsibilities. When the separating researcher is Principal Investigator, there are additional activities that must be completed. The goals of the process are:

1. To transfer or terminate sponsored projects in accordance with the funding agency guidelines, whether federal, state or private.
2. To ensure continued safety and care of animals in research studies.
3. To ensure continued safety and care of human subjects in research studies.
4. To ensure institution assets are accounted for.
5. To ensure that hazardous agents (e.g. chemicals, biological agents and radioactive materials) as well as contaminated equipment are properly disposed of or decontaminated.
6. To ensure oversight of research data is transferred or retained appropriately.
7. To ensure that FDA INDs, FDA IDEs, and ClinicalTrials.gov records are properly closed out or transferred according to federal regulatory requirements.
8. To ensure that research involving human ESCs or IPSCs is closed out or transferred to another UTHealth investigator.
9. To ensure that issues related to technology management are addressed and any current COI plans are terminated.

The separating Principal Investigator and the department chair or designee should complete this separation checklist. Please send the completed checklist to research@uth.tmc.edu

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | *Comments*  |
| **Sponsored Projects** - Do you have any active sponsored projects in which you are a Principal Investigator or collaborator?  | [ ] Yes [ ] No | If yes, complete SPA Checklist  |  |
| **Research Data or Materials –** Are you requesting to transfer any UTHealth owned research data (including de-identified clinical data, software code) or research materials (tissue, biospecimen, cells, chemical reagents, or radiation) in your new institution? | [ ] Yes [ ] No | If yes, complete Data Transfer Checklist.  |  |
| **Data Storage –** Consider all the data generated during your tenure at UTHealth Houston* Do you have any research data on Electronic Lab Notebooks (ELNs)?
* Is there any research data stored on a drive that is owned/accessible only by you?
 | [ ] Yes [ ] No | If yes to either, complete Data Storage Checklist | * If yes to ELN, the ownership of the notebooks needs to transferred to an individual identified by the department chair.
* If yes to personal drives, the data need to be transferred to a departmental drive.
 |
| **Equipment and Supplies -** Chairs and administrative heads of departments are designated property officers and as such are responsible for all university property in their care. The department must verify that equipment inventory and/or supplies are present; for more information, refer to [HOOP Policy 84 Accountability and Responsibility for State Property](http://www.uth.edu/hoop/policy.htm?id=1448016). | [ ] Yes [ ] No | List all the equipment and supplies that you are requesting to transfer to new institution. For questions regarding equipment transfers, contact [Capital Assets Management (CAM)](https://inside.uth.edu/finance/capital-assets-management/) |  |
| **Software and hardware** – If you answer yes to any of the following, please contact Management Information Services. * Are you in possession of any computing equipment and devices (computers, iPads, cell phones, pagers, external hard drives, USB drives, etc.) capable of storing electronic data?
* Do you have any software code that you and/or colleages developed while at UTHealth or using UTHealth resources?
* Do you have, own, or manage any listservs, databases, applications, platforms and/or networks that are necessary for continued/ongoing grant program operations or department administration operations?
* Do you have any electronic files containing institutional data or institutionally owned/licensed software from any computers, portable devices, or electronic media in your possession?
* Do you have any cloud storage containing institutional data (Dropbox, Box, One-Drive, Google drive)?
* Do you have any social media accounts (Facebook, Twitter, etc.) to be removed or management of the account transferred to another individual?
 | [ ] Yes [ ] No | List all the equipment and supplies that you are requesting to transfer to new institution. List any software code by name and location. |  |
| **Safety, Health, Environment & Risk Management-** Do you maintain a research laboratory? Do you have any ongoing research with safety committee approvals (IBC, CSC, RSC) and/or requiring equipment requiring x-ray or laser registrations?? | [ ] Yes [ ] No | If yes, complete SHERM checklist. |  |
| **Animal Research -** Do you have any ongoing research involving animals? | [ ] Yes [ ] No | If yes, complete AWC Checklist |  |
| **Human Subjects Research -** Do you have any ongoing research involving human subjects? | [ ] Yes [ ] No | If yes, complete IRB Checklist |  |
| **Stem Cell Research -** Do you have any ongoing research involving human ESCs or human IPSCs? | [ ] Yes [ ] No | If yes, complete SCRO Checklist |  |
| **FDA INDs and IDEs –** Have you held an IND or IDE while at UTHealth? | [ ] Yes [ ] No | If yes, contact clinicaltrials@uth.tmc.edu  |  |
| **ClinicalTrials.Gov -** Do you have any active clinicaltrials.gov records? | [ ] Yes [ ] No | If yes, contact clinicaltrials@uth.tmc.edu  |  |
| **Conflict of Interest-** Do you have any active conflict of interest management plans (RCOI or ICOI plans)? | [ ] Yes [ ] No | If yes, contact research\_coi@uth.tmc.edu  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Technology Management –** * Do you have any patents, copyright material, license agreements, start-ups or royalty income based on IP arising from research conducted at the UTHealth?
* Do you have any current or new research, inventions, intellectual property and/or abstracts that are yet to be disclosed to Office of Technology Management, published or protected?
* Are you going to be transferring research projects from UTHealth to your new institution that are likely to create IP in the future?
 | [ ] Yes [ ] No | If yes, contact otm@uth.tmc.edu  |  |

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Separating PI Name, Signature, Date Department Chair Name, Signature, Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DMO or ADM Name, Signature, Date Dean’s Name, Signature, Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kevin Morano, PhD, SVP Academic and Faculty Affairs

**SPONSORED PROJECTS CHECKLIST**

Please highlight the appropriate options

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol/Grant Title, Sponsor, SPA Number** | **Request** | **Action** | **SPA Notes** |
|  | * Transfer to new institution
 | * Determine if subaward back is needed
* Submit a request to transfer the award
* Terminate subawards
* Submit any outstanding reports to sponsor
* Close out the award
 |  |
| * Relinquish prior to separation
 | * Terminate subawards
* Close out the award
* Submit any outstanding reports to sponsor
 |
| * Remain at this institution
 | * Identify new PI of record
* Submit official request to sponsor to change PI on project
* Notify SPA of change in PI
 |
|  | * Transfer to new institution
 | * Determine if subaward back is needed
* Submit a request to transfer the award
* Terminate subawards
* Submit any outstanding reports to sponsor
* Close out the award
 |  |
| * Relinquish prior to separation
 | * Terminate subawards
* Close out the award
* Submit any outstanding reports to sponsor
 |
| * Remain at this institution
 | * Identify new PI of record
* Submit official request to sponsor to change PI on project
* Notify SPA of change in PI
 |
|  | * Transfer to new institution
 | * Determine if subaward back is needed
* Submit a request to transfer the award
* Terminate subawards
* Submit any outstanding reports to sponsor
* Close out the award
 |  |
| * Relinquish prior to separation
 | * Terminate subawards
* Close out the award
* Submit any outstanding reports to sponsor
 |
| * Remain at this institution
 | * Identify new PI of record
* Submit official request to sponsor to change PI on project
* Notify SPA of change in PI
 |

**DATA TRANSFER CHECKLIST**

Please highlight the appropriate options

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FMS Number/IRB Number/AWC Number**  | **PHI?** | **Ownership** | **To be Completed by SPA/Legal** | **Notes** |
|  | * Contains Protected Health Information
* Does not contain Protected Health Information
 | * Third party owned materials, data or confidential information
 | * Check contractual terms.
* Does this need MTA?
* Does this need DUA?
 |  |
| * UTHealth owned materials, data or confidential information
 | * Seek EVP & CAO permission.
* Does this need MTA?
* Does this need DUA?
 |
|  | * Contains Protected Health Information
* Does not contain Protected Health Information
 | * Third party owned materials, data or confidential information
 | * Check contractual terms.
* Does this need MTA?
* Does this need DUA?
 |  |
| * UTHealth owned materials, data or confidential information
 | * Seek EVP & CAO permission.
* Does this need MTA?
* Does this need DUA?
 |
|  | * Contains Protected Health Information
* Does not contain Protected Health Information
 | * Third party owned materials, data or confidential information
 | * Check contractual terms.
* Does this need MTA?
* Does this need DUA?
 |  |
| * UTHealth owned materials, data or confidential information
 | * Seek EVP & CAO permission.
* Does this need MTA?
* Does this need DUA?
 |

**DATA STORAGE CHECKLIST**

Please replace the given examples with your project and data details

|  |  |  |
| --- | --- | --- |
| **Project** | **Storage Location/Directory** | **Notes (Ownership Transfer)** |
| e.g., P012345 | H:\Folder 1\Subfolder A\Subsubfolder AA | Transferred to departmental drive. |
| e.g., Investigating the Impact of XYZ on ABC | Two notebooks in LabArchives* Project 123\_2023
* Project 123\_2024
 | Notebook ownership transferred to Dr. Jane Doe |
| e.g., Analysis of 123 in Response to 456 | External hard drive labeled “456 Response Data” | Data transferred to departmental drive and ownership transferred to Dr. John Smith |
|  |  |  |
|  |  |  |

**EQUIPMENT AND SUPPLIES**

Are you requesting transfer of any equipment or supplies? (use this checklist or your own excel spreadsheet. If you use your own list – please attach to this PI separation checklist).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Funds used to Purchase Item (UTHealth/Federal/State/Philanthropic etc) | Is item covered by any agreement? (MTA, SRA etc) | Current Location/Tag no. and Serial no. | Capital/Non Capital | Comments |
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**NOTE:** Add more rows as needed based on the number of items that need to be listed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAM Representative Name, Signature, Date

**This signature is an acknowledgment that CAM has received the request and is currently working on processing it. This does NOT indicate an approval or completion.**

**SOFTWARE AND HARDWARE CHECKLIST**

* Are you in possession of any computing equipment and devices (computers, iPads, cell phones, pagers, external hard drives, USB drives, etc.) capable of storing electronic data?
* Do you have any software code that you and/or colleages developed while at UTHealth or usinh UTHealth resources?
* Do you have, own, or manage any listservs, databases, applications, platforms and/or networks that are necessary for continued/ongoing grant program operations or department administration operations?
* Do you have any electronic files containing institutional data or institutionally owned/licensed software from any computers, portable devices, or electronic media in your possession?
* Do you have any cloud storage containing institutional data (Dropbox, Box, One-Drive, Google drive)?
* Do you have any social media accounts (Facebook, Twitter, etc.) to be removed or management of the account transferred to another individual?

If you answered yes to any of the above, please list:

|  |  |  |
| --- | --- | --- |
| Item | Plan (transfer to another UTHealth faculty/staff. Transfer to new institution etc)  | Tag no./Serial no. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**NOTE:** Add more rows as needed based on the number of items that need to be listed.

**SAFETY, HEALTH, ENVIRONMENT & RISK MANAGEMENT CHECKLIST**

Please highlight the appropriate options

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Building and Room Number** | **Shared Space?** | **New Owner** | **To be completed by SHERM** | **Notes** |
|  | * Is a shared space
* Is not a shared space
 |  | * Room verified as cleared by SHERM
* Room removed from permit for exiting PI
* Room added to permit for new owner
* Survey schedule updated
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **X-ray(s) and/ laser(s) requiring permit****Building, Room, Make, Model, SN** | **Request** | **Action** | **X-ray or Laser Notes** |
|  | * Dispose of x-ray and/or laser
* Request to transfer to another institution.
 | * Complete X-ray Transfer or Disposal Form and send to Radiation Safety Program. \*New location must be authorized for receipt. Or the unit is inoperable.
* Request to surplus x-ray and/or laser through the CATER process.
 |  |
| * Transfer to new UTHealth PI within UTHealth owned space.
 | * Identify new UTHealth PI.
* Notify the Radiation Safety Program of the new PI. And if applicable the new room location. New building will require additional review.
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol Title, IBC/CSC/RSC Number** | **Request** | **Action** | **IBC Notes** |
|  | * Close study
 | * Submit protocol closure via Online Protocol System.
* Dispose of research samples
* Transfer research samples to another institution (list collaborator/institution)
* Verify no orphaned biological samples left unattended
 |  |
| * Transfer to new UTHealth PI
 | * Identify new UTHealth PI.
* Submit Personnel Change via Online Protocol System.
 |

**ANIMAL WELFARE COMMITTEE CHECKLIST**

Please highlight the appropriate options

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol Title, AWC Number** | **Request** | **Action** | **AWC Notes** |
|  | * Close study
 | * Submit study closure via [iRIS](https://iris.uth.tmc.edu/).
* If there are live animals on the protocol – include plan for handling them.
	+ **Requesting transfer of animals to a PI within UTHealth**
* Send completed Animal Transfer Request to CLAMC at acare@uth.tmc.edu .

*For guidance, please contact CLAMC health care team at* *clamc.healthcare@uth.tmc.edu* *.***Note**: the receiving protocol will need to be approved for all animal strains and numbers prior to the transfer. If needed, the receiving protocol can be amended by the receiving PI via AWC change request in [iRIS](https://iris.uth.tmc.edu/) .* + **If transferring live animals to new institution**
* Send completed [Nontraditional Vendor Animal Import-Export Form](https://inside.uth.edu/animal-research/docs/ntv%20import-export%20form%20-%202023.docx) to CLAMC at importexport@uth.tmc.edu .

*For guidance, please contact CLAMC export team at* *importexport@uth.tmc.edu* *.** Submit Material Transfer Agreement (MTA) request for transfer of mouse lines with Sponsored Projects via [UT Start](https://www.uth.edu/sponsored-projects-administration/set-up/contracts-agreements/material-transfer-agreement) .

*For guidance, please contact* [*Sponsored Projects*](https://www.uth.edu/sponsored-projects-administration/about-spa/department-assignments/profile?id=226cefee-6893-43c8-bbd4-9c56bc181b45) *at* *contracts@uth.tmc.edu* *.** Contact receiving institution to start importation process at their end.
* Reduce your colony size to essential breeders and experimental mice prior to exportation, to minimize transport and testing costs at the receiving institution.
* Budget for live animal shipping costs.

**Note**: Shipping costs typically range between $1000 to $1500, depending on the distance and number of animals, but can exceed $10000 during summer months, when air transportation is not feasible. For assistance with obtaining shipping quotes, contact CLAMC export team at importexport@uth.tmc.edu .* If animals will be a UTHealth Houston following the departure date, contact CLAMC business office at acare@uth.tmc.edu to arrange for payment of per diem and other charges that may accrue following departure.
 |  |
| * Transfer to new UTHealth PI
 | * Identify new UTHealth PI.
* Submit Personnel Change via iRIS.
 |

**NOTE:** Add more rows as needed based on the number of protocols that require action.

**INSTITUTIONAL REVIEW BOARD CHECKLIST**

Please highlight the appropriate options

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Protocol Title, HSC Number, Sponsor** | **Status** | **Request** | **Action** | **IRB Notes** |
|  | * Active in recruitment
* Recruitment completed, data collection ongoing.
* Recruitment completed, data collection completed, data analysis ongoing.
* Study completed.
 | * Close study
 | * Submit study closure via iRIS.
* If there are active subjects on the protocol – include plan for orderly completion of research activities.
 |  |
| * Transfer to new UTHealth PI
 | * Identify new UTHealth PI.
* Seek sponsor approval for new PI, if applicable.
* Submit revised consent document, if applicable.
* Submit Personnel Change via iRIS.
 |
| * Transfer to New Institution
 | * Complete new institution’s IRB requirements.
* Seek sponsor approval for transfer, if applicable.
* Submit study closure via iRIS.
 |
|  | * Active in recruitment
* Recruitment completed, data collection ongoing.
* Recruitment completed, data collection completed, data analysis ongoing.
* Study completed.
 | * Close study
 | * Submit study closure via iRIS.
* If there are active subjects on the protocol – include plan for orderly completion of research activities.
 |  |
| * Transfer to new UTHealth PI
 | * Identify new UTHealth PI.
* Seek sponsor approval for new PI, if applicable
* Submit revised consent document, if applicable.
* Submit Personnel Change via iRIS.
 |
| * Transfer to New Institution
 | * Complete new institution’s IRB requirements.
* Seek sponsor approval for transfer, if applicable.
* Submit study closure via iRIS.
 |
|  | * Active in recruitment
* Recruitment completed, data collection ongoing.
* Recruitment completed, data collection completed, data analysis ongoing.
* Study completed.
 | * Close study
 | * Submit study closure via iRIS.
* If there are active subjects on the protocol – include plan for orderly completion of research activities.
 |  |
| * Transfer to new UTHealth PI
 | * Identify new UTHealth PI.
* Seek sponsor approval for new PI, if applicable.
* Submit revised consent document, if applicable.
* Submit Personnel Change via iRIS.
 |
| * Transfer to New Institution
 | * Complete new institution’s IRB requirements.
* Seek sponsor approval for transfer, if applicable.
* Submit study closure via iRIS.
 |

**STEM CELL OVERSIGHT COMMITTEE CHECKLIST**

Please highlight the appropriate options

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Protocol Title, SCRO Number, Sponsor** | **Status** | **Request** | **Action** | **SCRO Notes** |
|  | * Active
* Study completed.
 | * Close study
 | * Email scro@uth.tmc.edu
 |  |
| * Transfer to new UTHealth PI
 | * Identify new UTHealth PI.
* Seek sponsor approval for new PI, if applicable.
* Email scro@uth.tmc.edu
 |
|  | * Active
* Study completed.
 | * Close study
 | * Email scro@uth.tmc.edu
 |  |
| * Transfer to new UTHealth PI
 | * Identify new UTHealth PI.
* Seek sponsor approval for new PI, if applicable.
* Email scro@uth.tmc.edu
 |

Disposition of hESC or hIPSC in SCRO Registry (any transfers out of UTHealth contact preaward@uth.tmc.edu)

|  |  |  |
| --- | --- | --- |
| Item | Location | Disposition |
|  |  |  |
|  |  |  |
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|  |  |  |