

Office of Sponsored Programs

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CHECKLIST FOR USE OF UAB RESEARCH FACILITIES BY EXTERNAL ENTITIES

To be used with STTR and SBIR applications (please attach complete copy of proposal)

Company Name		Owner(s)	
Contact Name		Phone #	

Does the owner or other Company personnel have an affiliation with UAB? If yes, describe below. Yes No

Title of Proposal	
Facilities Requested	
Insurance Carrier Name	
Insurance Carrier Address	
Insurance Policy #	

INDICATE IF THE COMPANY WILL USE ANY OF THE FOLLOWING:

#	Item	YES	NO	Additional Information		
1	UAB Personnel	<input type="checkbox"/>	<input type="checkbox"/>	If yes for #1, attach a complete list of UAB personnel and their Department affiliation.		
2	UAB Equipment	<input type="checkbox"/>	<input type="checkbox"/>			
3	Animals	<input type="checkbox"/>	<input type="checkbox"/>	If yes for #3: Institutional Animal Care & Use Committee (IACUC)	Date	
4	Radioisotopes	<input type="checkbox"/>	<input type="checkbox"/>	If yes for #4-8: Occupational Health & Safety Office (OH&S)	Date	
5	Microbial Agents (bacterial, viral, fungal)	<input type="checkbox"/>	<input type="checkbox"/>			
6	Highly Toxic Chemicals	<input type="checkbox"/>	<input type="checkbox"/>			
7	Recombinant DNA/RNA Molecules	<input type="checkbox"/>	<input type="checkbox"/>	If yes for #8-9: Institutional Review Board for Human Use (IRB)	Date	
8	Human blood, body fluids, or tissues	<input type="checkbox"/>	<input type="checkbox"/>			
9	Materials to be used in Human Subjects	<input type="checkbox"/>	<input type="checkbox"/>		Date	

SIGNATURES

Company Signatory / Title	Date
Dean (providing space and/or equipment)	Date
UAB Facilities Administration	Date
Conflict of Interest Board	Date
Provost	Date
Office of Sponsored Programs	Date