wdmk

**U Wide Form:**

UM 1671

**Rev:** 01/2010

**Route this form to:**

Asso VP Rsch Admin

Spon Proj Admin

450 McNamara Ctr

Mpls, MN 55455

# Equipment Screening Form

# for hESC Lines Ineligible for Fed/State Funding

This form is to be used in concert with University Procedure entitled “*Preparing to Conduct Research Involving Federal Embryos or Embryonic Stem Cell Lines Ineligible for Federal/State Fundin*g.” Complete this form if equipment originally funded with federal or state funding is needed on hESC projects involving unapproved lines. Principal Investigators/Departments should complete Section 1 and then route the form to the Associate Vice President for Research Administration in Sponsored Projects Administration (SPA). Please allow at least two weeks for review.

**Section 1 (to be completed by the Principal Investigator/Department):**

*Please use* Comments *box at the bottom of the page to add any additional information SPA should be aware of when considering this request*

1. Describe Equipment to be used (include University Equipment ID number):

1. Since the best practice for equipment acquisition for hESC projects on unapproved lines is to purchase new equipment that can be dedicated to the hESC project, please explain below why this option is not available (e.g., item too expensive, space not available, use does not justify cost, etc.).

1. Please tell us as much information as possible about the **original** account(s) used to acquire this equipment. Complete information will expedite processing of the request. If an item is not known, leave blank.

CUFS fund-area-org (s) or EFS chart string(s):

Date of Acquisition:

Location of Equipment (Bldg/Rm):

Department or ISO Controlling the Equipment:

If sponsored projects were used to acquire the item, please list: (if more than one acct was used, please include additional information in comments below or on an attached page)

Agency, Award Number, PI:

(e.g., NIH R01 HL123456, Gerald Brilliant, PI)

1. When is the item needed for use on the hESC project?

*(allow at least two weeks after submission of the form for a response)*

COMMENTS (if any):

Form completed by:       Date:

Email:       Phone:

**Section 2: To be Completed by Sponsored Projects Administration**

1. What surviving federal or state equipment rules govern this item of equipment?

1. What was (or is ) the period of performance for the sponsored project(s) that acquired this equipment?
2. Do the award terms and conditions contain any project-specific special provisions that would not permit the use of the equipment for non-approved lines (e.g. explicit prohibition, use mandated for other projects.)
3. Does the University hold title to the equipment? (If not, specify who holds title)
4. Is this item fully depreciated? If not, what is its depreciation status? (Verify with Inventory Services as needed)

1. Will any program income or usage fees be due to the sponsor or government for use of this equipment on the hESC project?
2. Is this equipment part of an ISO (which?) If yes, does the ISO rate include any costs for depreciation?

FOR SPA USE ONLY

equipment USE for non-approved hESC lines is:  Approved

Not Approved

Approved with restrictions below

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(Signature) (Date)

Associate Vice President for Research Administration

*Copies distributed to: Vice President for Research, Dean, PI, Department, ISO, ISO Office, Inventory Services, SPA Asst. Director/Cost Analysis*