Project Status Form

To be used for:

INDUSTRY SPONSORED CLINICAL DRUG/DEVICE INVESTIGATIONS (Clinical Trials)
and
OTHER NON-COST BASED AGREEMENTS

OGA Project #: __{1}________________ OGA Award #: __{2}________________

Project Period: __{3}__/__/____ to __/__/____ Award Period: __{4}__/__/____ to __/__/____

Project Title: __{5}________________

Sponsor: __{6}________________________ PI Name: __{7}________________________

Dept Contact/Preparer: __{8}________________ Phone #: __{9}______ Mail Code: __{10}____

PLEASE INDICATE BELOW THE STATUS OF THE ABOVE REFERENCED PROJECT (CHECK ALL THAT APPLY):

Project Status – Required for All Projects Involving Human Subjects:

IRB Number: __{11}____
Number of Subjects enrolled to date: __{12}____

Project Status – Continuing Projects (End date extension requested): __{13}____

☑ Subjects are currently being enrolled in this study.
   Estimated # of additional subjects to be enrolled: __________
   Expected enrollment completion date: ___/___/

☑ Subject enrollment is closed. No additional subjects are to be enrolled in this study.
   Estimated date that subject follow-up will be complete: ___/___/

☑ All study participant visits have been completed.
☑ All required sponsor reports have been submitted.
☑ All project related expenses have POSTED to the project account. __{14}____
☑ The final payment from the sponsor has not been received. Expected receipt date: ___/___/
☑ Please extend the project end date to: ___/___/

Project Status – Completed Projects (Close project and transfer balances to Program Development Project-PDP): __{15}____

☑ All study participant visits have been completed (for a Clinical Drug/Device Investigation).
☑ All required sponsor reports have been submitted.
☑ All project related expenses have POSTED to the project account. __{16}____
☑ The final payment from the sponsor has been received.
☑ Project activity is complete. No further new expenses or new revenue are expected. __{17}____
   Please close account and transfer balance to Program Development Project # ____________.
   Please close account and transfer deficit balance to Program Development Project # ____________ or to the following non-sponsored General Ledger Account # __________________.

Estimated balance/deficit ____________

For SPA use only: DC___________ F&A____________ TC___________

The signature of the PI below indicates that the above information is accurate:

Required for All End Date Extensions and Project Close & Balance Transfers: __{18}____

Principal Investigator ______________________ Date _______________ SPA Director ______________________ Date _______________
(May not be delegated)

Required Only for Project Close & Balance Transfers:

Division Head ______________________ Date _______________ Dept Chair (Dean, if PI is Dept Chair) ______________________ Date _______________
(May not be delegated)

Send Completed Form to Sponsored Projects Administration, AD-220
Rev: 12/10/03
Instructions for Project Status Form
(To be used for Industry Sponsored Clinical Trials and Other Non-Cost Based Agreements)

Purpose: This form is used to (1) extend dates to allow expenditures on Industry Clinical Trials that are still in progress and (2) to notify SPA to close the awards and move residual balances from Industry Clinical Trials and Non-Cost Based Agreements that are completed.

{1} OGA Project #. The Oracle Grants Accounting number assigned by SPA to the project. This is the number for the clinical trial or other fixed price agreement being extended or closed.

{2} OGA Award #. The Oracle Grants Accounting number assigned to the award by Sponsored Projects Administration.

{3} OGA Project Period. The OGA project period, which may also be the sponsor’s budget period. This should not include any pre-award dates.

{4} Award Period. The sponsor’s award period.

{5} Project Title. This is the name of project as it is provided by the sponsor.

{6} Sponsor. The sponsoring organization. (For a sub-award [or, "sub-in"] where funds are received from another institution for a performing a portion of their sponsored project, both that institution and their sponsoring agency should be listed.

{7} PI Name. The Principal Investigator named on the award from the sponsor.

{8,9,10} Dept Contact/Preparer: This should be the project fiscal manager or person in the department who should be contacted if there are questions regarding the project, as well as the contact person’s phone number and mail code.

{11} IRB Number: The number assigned by the IRB. This number must be provided for all projects involving human subjects.

{12} Number of Subjects enrolled to date: This number must be provided for all projects involving human subjects.

{13} Project Status – Continuing Projects (End date extension requested): This section must be completely filled out when requesting to extend an end date on a project. (If the end date is established by the contract, confirmation of an end date extension by the sponsor must be provided. This is usually done with a contract amendment.)

{14 & 16} All project related expenses have POSTED to the project account. All expenses must have actually posted to the project account. This should be verified in OGA prior to submitting the Project Status Form.

{15} Project Status – Completed Projects (Close project and transfer balances to Program Development Project – PDP). In order to close a project and transfer balances into a PDP, all of the boxes in this section must be checked and filled out.

{17} Project activity is complete. No further new expenses or new revenue are expected. Checking this box certifies that there will be no new expenses and no outstanding payments (waiting for a check) on this project. Please provide the PDP number that you would like the residual balance transferred to. If the balance on the project that is being closed is a deficit, please provide either a PDP or a general ledger account number that the deficit can be moved to.

{18} Signatures: If extending an end date, only the PI and SPA Director signatures are required. For closing a project and transferring a balance to a PDP or GL account, all four signatures are required. The signatures of the PI, Division Head or Dept Chair (Dean, if PI is Dept Chair) may not be delegated.

If you have questions about this form or the PDP process please contact Cynthia Moore at moorecyn@ohsu.edu or (503) 494-1885.

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