

## NIH Office of Intramural Research (OIR)

### Clearance for Designation of a NIH Staff Scientist-2 or OIR-Approved Facility/Core Head as NIH Principal Investigator for Cooperative Research and Development Agreement

#### *Clearance Form*

This form serves to confirm the designation of the NIH Staff Scientist named below, a Staff Scientist-2 (StSc-2) or an OIR-approved Facility or Core Head, eligible to serve as NIH Principal Investigator for the proposed Cooperative Research and Development Agreement (CRADA) described below.

This form also documents the approval and support of the Supervisor and Scientific Director of the StSc-2 or Facility Head serving in the role of CRADA Principal Investigator for the proposed CRADA project and for the use of appropriate levels of IC resources to conduct the proposed CRADA project.

The undersigned acknowledge that the StSc-2's or Facility Head's participation in the CRADA collaboration will require ethics review and clearance before substantive negotiation can begin on this CRADA. Consequently, if the StSc-2 or Facility Head is not currently an OGE 450 filer, s/he must contact the IC Deputy Ethics Counselor to ensure that an approved OGE 450 is on file prior to commencement of the NIH CRADA ethics clearance process.

*The StSc-2 or Facility Head must complete this form before her/his technology transfer office begins negotiation of the proposed CRADA. Once this approval is obtained, a copy of this fully signed clearance form must be provided to the technology transfer specialist who will negotiate the CRADA following initial contact by the StSc-2 or Facility Head.*

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**Name of NIH Staff Scientist (StSc-2 or Facility Head):**

**Organizational Affiliation:**

**NIH Designation:**

**Title of Proposed CRADA:**

**Name of Collaborating Organization:**

**Brief Description of Proposed CRADA Project:** *Please provide on page 2*

*By signing below, I hereby acknowledge that I have completely read and understand the CRADA clearance form, eligibility, and requirements.*

**NIH Staff Scientist (StSc-2 or Facility Head) Signature:**

**Date:**

**Brief Description of Proposed CRADA Project** *(no more than 100 words):*

***Approvals***

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**Staff Scientist's Responsible PI Signature:**

**Date:**

**Name:**

**Scientific Director Signature:**

**Date:**

**Name:**

**DDIR Designee Verifying the Staff Scientist's Eligibility to Be a CRADA PI** *(i.e., approved for Staff Scientist-2 or OIR-approved Facility Head):*

**Name:**

**Date:**