

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
Clinical Trial Residual Funds
Closeout Checklist and Certification Form

(A separate form must be completed for each clinical trial being closed out).

Principal Investigator: _____ UMMC Activity #: _____

Study Sponsor: _____ Study Protocol #: _____

IRB #: _____ NCT #: _____

Please respond to each item and add comments as needed:

Programmatic:

Yes No N/A

1) Final report has been submitted to the applicable IRB

2) All participants have been properly entered into EPIC

3) Close out documentation received from sponsor
Attach a copy of this documentation

Invoicing and Sponsor Payments:

Yes No N/A

4) All study invoices have been submitted to the sponsor

5) All payments due to UMMC have been posted to the study activity

Study Expenses:

Yes No N/A

6) Study participants received the agreed upon payments

7) UMMC hospital related charges have been paid

8) Startup fees have been paid, as agreed upon in the clinical trial agreement or as indicated to the Office of Sponsored Programs (fee examples: Pharmacy, Pathology Lab and/or Radiology)

9) All other study related expenses have been properly charged to the study activity

Funding Balance:

10) What is the current balance of funds in the activity? \$ _____

11) A plan for the utilization of residual funds must be provided. Residual funds from a sponsored project may only be used to support the research mission of UMMC.

12) If the residual fund balance is 25% of the total funds received or \$25,000, whichever is greater, the PI must provide an explanation for the substantial residual funds amount.

Research Support Activity Establishment Information:

13) Please identify the UMMC activity number to be used as the research support activity for residual funds. The existing study activity can be used or the activity number of another existing research support activity. If this is the first time to close out residual funds for this PI, also provide what the title of the research support activity should be.

Please note that residual funds unattended for more than 180 days after project completion may be transferred to an activity under University Research for the purpose of intramural research support.

I hereby certify the above information is true and accurate to the best of my knowledge. Additionally, I agree that should any further study related expenditures arise after this date, the expenditures will be paid from these residual funds or other unrestricted departmental funds.

Principal Investigator

Date

Department Chair/Dean

Date

This section to be completed by the Office of Sponsored Programs

- 1) Study fund balance verified. Amount \$ _____
- 2) Indirect cost calculated and properly withheld. Adjustment amount, if needed \$ _____
- 3) Confirmed IRB status as closed. Close date _____
- 4) All required documents obtained from PI
- 5) Lawson/Info updated for closure of study
- 6) Confirm ClinicalTrials.gov registration (as applicable)

OSP staff review completed by: _____
Name/Signature

Date

OSP approval by: _____
Name/Signature

Date