



Partial Funding Release Protocol/ Permit / Registration Unlinking

Please Select:

Request Form

Requested Protocol / Permit / Registration Exemption(s):

Principal Investigator _____

Department _____

Phone _____

Email _____ Project Title _____

Fund # _____ Sponsor (e.g., CIHR) _____

Total Amount of the Award _____ Funding Award Period from _____ to _____

RSO / IPO Contact ("Authorized by" name on FReD) _____

Animals

Human participants

Biosafety,
radio-isotopes,
X-ray, or lasers

High hazard chemicals

Instructions:

- If you require the **release of a portion of your funding** associated with the funded research project prior to protocol/permit/registration approval, complete **Section A**.
- If you need to **unlink a protocol/permit/registration** from your funded research application because the nature of the project has changed such that a protocol/permit/registration is no longer required, OR if the link was made in error, complete **Section B**.

Section A: Partial Funding Release Request (Prior to Protocol/Permit/Registration Approval)

- 1. Description of activities.** Provide details for work to be done that **does not** require an animal use protocol, human ethics protocol, biosafety permit, radioisotope permit, X-ray permit, laser permit, and/or high hazard chemical registration:

- 2. Partial release amount requested:**

- 3. Itemized budget details.** For costs associated with the partial funding release requested:

By signing below, I guarantee that the partial funding release will not be used to fund the performance of research activities that require an animal use protocol, human ethics protocol, biosafety permit, radioisotope permit, X-ray permit, laser permit, and/or high hazard chemical registration, and that I will submit the appropriate certification/registration document(s) and receive

PI Signature *

Date

Section B: Unlinking Protocol/Permit/Registration from a Research Funding Application

1. Description of activities. Provide details for the change to the research funding application such that the work to be done **does not** require an animal use protocol, human ethics protocol, biosafety permit, radioisotope permit, X-ray permit, laser permit, and/or high hazard chemical registration.

***Note:** If during completion of your MRA, you linked the protocol/permit/registration to the application in error or you inadvertently indicated that a protocol/permit/registration was required but not yet applied for or under review, please indicate this below.

By signing below, I guarantee that the research activities for which funds have been awarded will not be used to fund the performance of research activities that require an animal use protocol, human ethics protocol, biosafety permit, radioisotope permit, X-ray permit, laser permit, and/or high hazard chemical registration, and that if in the future the activities change for whatever reason such that a protocol and/or permit and/or registration is required, that I will submit the appropriate protocol/permit/registration document(s) and receive approval prior to engaging in any such research activities.

PI Signature *

Date

*** Note:** This form is enabled for digital signatures via both **Digital ID** and **Fill & Sign**. It is **strongly recommended that you use a digital signature** rather than a handwritten signature to facilitate faster processing of your request.

Visit the Adobe Help Centre for help with using:

- Digital ID: https://helpx.adobe.com/ca/acrobat/using/digital-ids.html#create_a_self_signed_digital
- Fill & Sign: <https://helpx.adobe.com/acrobat/using/signing-pdfs.html>

Please complete and submit this form via e-mail to the appropriate RSO/IPO contact to initiate the review process. Your RSO/IPO contact is indicated at the bottom of your FReD next to "Authorized by:"

This section is for administrative purposes only

- **RSO/IPO** agrees to release the funding requested to facilitate the work described by the PI or to unlink the protocol/permit/registration from the research funding application, as outlined in this request.

RSO/IPO Director Approval: _____ Date: _____

- **ROCO** agrees that the work described by the PI in this request does not require the protocol(s)/ permit(s)/ registration(s) selected: (*Sign as required*)

ROCO Animal Ethics Director Approval: _____ Date: _____

ROCO Human Ethics Director Approval: _____ Date: _____

ROCO Research Safety & Compliance Director Approval: _____ Date: _____