

Request for Principal Investigator (PI) Status

This form is to be used by individuals with a UW-Madison appointment or affiliation with a non-UW entity to request principal investigator (PI) status for research protocols. This includes IRB (human subjects), ACUC (animal), SCRO (embryo and stem cell), and Biosafety. This form is not to be used to request permanent or limited PI status for grant purposes.

NAME: _____

TITLE: _____

1. Please select the group(s) for which you would like to be PI: ☐ IRB ☐ ACUC ☐ BIOSAFETY
☐ SCRO
2. Select the appointment type for which you are requesting PI status:
☐ Academic Staff
☐ Limited Appointee
☐ Emeritus (with departmental or center authorization to continue participation in research, additional documentation may be uploaded when you upload this form)
☐ Other [_____]

3. DEPARTMENT/CENTER: _____

4. HIGHEST DEGREE EARNED: _____ YEAR: _____

5. JUSTIFICATION:

From the list below, please indicate why you are an appropriate candidate to serve as a PI for the type of research you have requested.

- ☐ Experience serving as a Co-Investigator, collaborator or scientist on a previous protocol with ☐ IRB, ☐ ACUC, ☐ Biosafety, ☐ SCRO

Please explain: _____

- ☐ Served as a PI on a previous UW-Madison protocol with ☐ IRB, ☐ ACUC, ☐ Biosafety, ☐ SCRO

Please explain: _____

- ☐ Demonstrated ability to carry out the responsibilities of a PI, including meeting administrative management of studies with ☐ IRB, ☐ ACUC, ☐ Biosafety, ☐ SCRO

Please explain: _____

- ☐ Other [_____]

Please explain: _____

Provide additional information about your experience and qualifications to help support this request.

(Additional documentation may be uploaded when you upload this form.)

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The completion and approval of this form pertains solely to your request to serve as Principal Investigator for the Research Oversight Committee(s) selected.

Applicant Title _____

Applicant Signature _____ Date _____

Department or Center Director/ Chair/ Dean Approval

By signing this form as a department or center director, chair, or dean, you are certifying this individual has the necessary qualifications to serve as PI

Please note: Your signature authorizes this individual to request PI status for all groups selected in question 1. If that is not your intent, please state your recommendations and/or limitations below.

Title _____ (department or center director/chair/dean)

Print Name: _____

Signature _____ Date _____

☐ *Are there any recommendations or limitations (such as the individual should only be permitted to serve as PI on minimal risk studies).*

☐ Yes ☐ No

If yes, please explain: _____

Please select the group(s) for which this person can be a PI: ☐ IRB ☐ ACUC ☐ BIOSAFETY
☐ SCRO