

Instructions – Personal Services Agreement Institute for Medical Research (IMR) Sponsor Form

This form must be used for a Duke (non-faculty) employee who will be working at IMR for a short specified period of time, usually not longer than 12 months. Please refer to the following instructions when completing this form:

Enter the SPS number & WBSE number (if available) in the boxes provided in the upper right hand section of this form.

Part I: Check the appropriate box to indicate if this is a New Agreement, a Modification to an existing PSA agreement, or an Extension of an existing PSA agreement.

Part II: Box 1: Self-explanatory *NOTE: The PSA is not an appropriate mechanism for Duke Faculty. Please consult with your assigned Research Administrator (RA) within the Office of Research Administration (ORA).*

Part III: This section pre-populated. No action required. *NOTE: If any information is incorrect, please contact your assigned Research Administrator (RA) within the Office of Research Administration (ORA).*

Part IV: Box 4: Self-explanatory.
Box 5: Self-explanatory.
Box 6: Enter information for the Duke Principle Investigator (PI), including name and title, and Duke Supervisor, if different than Duke PI.
Box 7: Self-explanatory.

Part V: Box 8: Self-explanatory.
Box 9: Enter the percent of the employee's effort for this specific project.
Box 10: Enter the estimated total cost for the project, including General & Administrative (G&A) costs.
Estimated total Cost = Projected Salary covering the period of proposed assignment (Box 16) * percent of effort (Box 9) * number of months (Box 16) plus G&A. *NOTE: This amount may include "projected" Duke increases.*
Box 11: Enter information for the IMR Principle Investigator (name and title).
Box 12: Enter the Prime Sponsor's name (i.e., entity providing the funding).
Box 13: Enter the IMR/VA protocol number.
Box 14: Enter a brief description of the employee's duties while working on this specific project.
Box 15: Identify the location where employee will perform above named duties.
Box 16: Enter the proposed beginning and end dates for the term of the proposed assignment for this specific project.

Part VI: Box 17: Self-explanatory.

Part VII: Box 18: (a) Signature of IMR Principle Investigator. (b) Self-explanatory (c) Self-explanatory.
Box 19: (a) Signature of Duke University authorized representative (ORA). (b) Pre-populated (c) Self-explanatory.

Box 20: (a) Signature of IMR authorized representative. (b) Pre-populated (c) Self-explanatory. **Upon completion, attach the completed Personal Services Agreement along with the signed Duke Proposal Approval Form (DPAF) to the SPS record and route to PCA (Pending Central Approval).**

Personal Services Agreement Institute for Medical Research (IMR) Sponsor Form

Part I – Nature of the Service Agreement New Agreement Modification Extension

Part II – Information on Participating Duke Employee (Non-Faculty Only)

1. Name (Last, First Middle)

Part III – Parties to Agreement – Name and Mailing Address

2. Sponsor:

Institute for Medical Research
Attn: Mary E. Powell
508 Fulton Street, VAMC 151
Durham, NC 27705

3. Recipient of Funds:

Duke University

Part IV – Position Data – Current (Duke)

4. Employee's Duke Position Title:

5. Current Annual Salary:

6. Duke Principal Investigator (PI) (Name & Title) & Duke Supervisor (Name & Title), if different than PI:

7. Total Cost of Annual Salary & Benefits:

Part V – Position Data – For Proposed Assignment (IMR)

8. Employee's IMR Position Title:

9. Percent Effort:

10. Total Estimated Cost (Including G&A):

11. IMR Principal Investigator (Name & Title):

12. Sponsor Name:

13. IMR/VA Protocol Number:

14. Brief Description of Employee's Duties:

15. Performance Site:

16. Period of Proposed Assignment: From To

Part VI – Data Security – Clinical Services

17. Data belonging to the VA or Institute of Medical Research, Inc. will not be taken outside of VA/IMR and/or stored on any non-VA/IMR computer or device, unless specifically authorized to do otherwise in an IRB approved research study

Agreed - Not Agreed -

Part VII – Signatures

This written agreement constitutes the entire agreement between Duke University and Institute of Medical Research, Inc., for the temporary employment of the Participating Employee, and may not be changed without mutual written consent of both institutions. At the termination of the agreement, the employee's effort expended on this temporary assignment will return to the position listed in Part-IV, Box #4. It is recognized that the Participating Employee has a Without Compensation (WOC) appointment with the VA, that the research in which they are participating under this agreement is approved by the VA, and that the Participating Employee's performance under the Agreement will be under the supervision of VA personnel. Accordingly, the Participating Employee is covered under by the Federal Tort Claims Act for services provided under this Agreement as stated in 38 U.S.C. 7364A.

THE FINAL INVOICE IS DUE WITHIN 60 DAYS AFTER THE END OF THE PERFORMANCE PERIOD

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| 18a IMR Principal Investigator Signature | 19a Duke University Authorized Signature | 20a IMR Authorized Signature |
| 18b Typed Name & Title | 19b Typed Name & Title Jennifer McCallister Assistant Dean, ORA | 20b Typed Name & Title Mary E. Powell Executive Director |
| 18c Date | 19c Date | 20c Date |