



# CHANGE IN PRINCIPAL INVESTIGATOR FORM

## Request for Change in Principal Investigator

### Project Information

Current PI Name:		New PI Name:	
Current PI EMP ID:		New PI EMP ID:	
Effective date of Change:		Sponsor Approval required:	YES      NO
		(If yes, provide confirmation)	
Project #:		Project Title:	
Start Date:		End Date:	
Dept/Division Name:		Fund Code:	
Dept ID:		Name of Sponsor:	

(80XXXXX - Basic Research/Clinical Research  
82XXXXX - Research related Training/Service/Education)

### Reason for Change

Provide a brief explanation for requesting a change in PI on an Award

### Approvals

By signing below, PI certifies to continue research and comply with all guidelines in accordance with CHLA policies, Sponsor and Federal guidelines

Print Name - Principal Investigator	Signature	Date
Print Name - Division/Dept Admin OR Budget Manger OR	Signature	Date
Print Name - TSRI Post Award	Signature	Date