



Brandeis
UNIVERSITY

Office of Research Administration

NIH Multiple PD/PI Signature Form

Brandeis Contact PI:

Study Title:

NIH Award No. (if known):

Brandeis GR No. (if known):

Grant Action:

If Prior Approval Request, Type:

Grant Action Due Date:

Multiple PD/PI Name:

Multiple PD/PI Institution:

Additional Comments:

(Optional)

Multiple PD/PI Certification:

(1) The information submitted within the above-referenced grant action (proposal, RPPR, or prior approval request) is true, complete and accurate to the best of my knowledge; (2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded or continued as a result of the above-referenced application or grant action.

Multiple PD/PI Signature:

Date:
