Leaving the UR? A PI's Departing To-Do List

While faculty leaving the University may already have multiple academic and/or clinical tasks on their 'Departing To-Do' list, including the appropriate management of a Principal Investigator's ongoing research activities on that list is a must! At a minimum:

- ✓ **Notify the Research Subjects Review Board (RSRB)**. Per OHSP Policy 901 Investigator Responsibilities, Investigators are required to notify the RSRB if they are departing from the University either temporarily or permanently. All other applicable IRBs of record must be notified as well.

- ✓ **Determine whether active research will continue locally or be closed**. If active research will continue at the University, the study must be transferred to another Principal Investigator (a change that must submitted to the IRB of record and approved via modification). Please note you will need documentation from the new PI of agreement to be the PI. If research activities will not continue, a final closure report needs to be submitted.

- ✓ **Notify Office of Research & Project Administration (ORPA)**. Existing grants, contracts and sub-contracts need to be appropriately managed. This may include transferring a grant to a new institution or reviewing/modifying the terms of a current agreement (e.g., changing the Principal Investigator on a Clinical Trials Agreement).

- ✓ **If research data, samples or equipment will be transferred to the new institution, determine the appropriate method for doing so**. Research material collected, developed or used during the course of a study may be shared with your new institution, as long as it's done so appropriately. Typically, this can be accomplished under a Material Transfer Agreement (MTA). However, if the Principal Investigator is part of the URMC and Affiliates covered entity, additional steps may need to be taken to comply with the Health Insurance Portability and Accountability Act (HIPAA). Options for data/specimen sharing that comply with HIPAA may include: obtaining HIPAA authorization from subjects indicating agreement to release information to the new institution; sharing only a Limited Data Set under a Data Use Agreement with the new institution; or sharing only de-identified data/samples.

- ✓ **Manage your study documentation**. Essential documentation, including signed consent forms and source documentation (e.g., questionnaires & assessments) must be maintained for a minimum of 3 years after the study is closed or 6 years after the study is closed if the study involved the collection of PHI (protected health information) under the URMC and affiliates covered entity. *This documentation is property of the University of Rochester and **should not** be transferred elsewhere.*

ADDITIONAL RESOURCES:

- OHSP Policy 901 Investigator Responsibilities
- OHSP Guideline for Investigators Leaving the Institution

- HIPAA Policy 0P-25 Use or Disclosure of PHI for Research Activities
- URMC Privacy and Security Executive Committee's Managing the Protected Health Information Requirements Associated with Incoming and Department Employees, including Faculty