



MASSACHUSETTS GENERAL HOSPITAL

Transferring Research Activities and Grants

from Massachusetts General Hospital

to Another Institution

A Principal Investigator's Guide

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Official Notification

Upon choosing to relocate from MGH to another institution, the PI should notify his/her Department Chief, Service/Division Chief and Department Administrator at least 90 days prior to departure to execute all necessary procedures.

The [Transfer Notification form](#) should be completed, signed, and sent to the Office of the Sr. Vice President for Research at MGH to the attention of Gary Smith at gsmith4@partners.org. Once submitted, the completed forms will be distributed to the appropriate areas (e.g., Post Award Grants Administrator in Research Management, IRB, IACUC, etc) to ensure they are informed of the impending transfer.

As outlined in the other sections of this guidance document, the PI is responsible for independently contacting the various groups (e.g. Research Management, IRB, IACUC, etc) to initiate transfer processes.

Transfer of Funding

Federal agencies can have different requirements regarding the transfer of research grant awards or contracts.

National Institutes of Health (NIH) and **National Science Foundation (NSF)** have routine procedures to be followed for transferring grants from one institution to another. Contracts generally must be re-negotiated between the agency and the new institution. Other funding agencies need to be contacted individually to determine their procedures for transferring research awards.

NIH

Essentially the grant is terminated at MGH and re-awarded as a new grant at the new institution. It is easier to transfer a grant on its anniversary date, so plan accordingly. At least three months should be allowed to complete this process. Failure to provide timely notification may result in disapproval of the request or significant delays in processing.

1. MGH must issue a statement agreeing to let a grant go to the new institution. This requires an estimate by Partners Research Finance of the amount of unexpended funds.
 2. The principal Investigator must complete a Final Progress Report (and Final Invention Statement for NIH) for the grant at MGH.
 3. MGH must submit a Final Expenditure Statement.
- For NIH awards, please refer to the specific instructions found in the [NIH Grants Policy Statement \(GPS\) regarding a change of grantee organization](#).
 - NSF Grant Transfer requests must be completed in FastLane by the PI/PD

No grants or corporate sponsored agreements will be released and/or transferred from MGH until Research Management has received and approved the Final Progress Report, Final Invention Statement (if required) and Final Relinquishing Statement (the final financial report is not due until 90 days after the project end and we would be releasing a grant prior to that through the Relinquishing Statement) for each grant or agreement.

Department of Defense (*Congressionally Directed Medical Research Grants – CDMRP*)

Transfers are considered on a case-by-case basis depending on the program, type of award mechanism, length of award, time remaining on award and other factors. As an investigator, you are advised to contact your CDMRP Science Officer. Your Post-Award GA will also contact the USAMRAA Contract Specialist for further directions.

Other Sponsors Information specific to other non-federal or not-for-profit sponsors is available from Research Management. Investigators should contact their Post-Award GA. *Please note: some awards may not be eligible for transfer because they are dependent upon institutional resources (for example, training grants and awards for undergraduate laboratory equipment) or the sponsor does not allow for transfers.* These issues should be resolved prior to the PI's departure from MGH.

All requests must be routed through the PI's Research Management Post-Award Grant Administrator (GA) for review and processing. To initiate the process, please complete the Fund Transfer form (attached) and submit to Gary Smith at gsmith4@partners.org.

Other Sponsors and Non-Transferable Awards

Information specific to other non-federal or not-for-profit sponsors is available from Research Management. Investigators should contact their Post-Award GA. Some awards may not be eligible for transfer because they are dependent upon institutional resources (for example, training grants and awards for undergraduate laboratory equipment) or the sponsor does not allow for transfers. These issues should be resolved prior to the PI's departure from MGH.

Industry-Sponsored Research

Funding associated with corporate sponsored research is subject to the terms and conditions of the research agreement with the institution that entered into the agreement. Depending on the terms of the agreement, MGH may be obligated to complete the work at MGH or return funds to the sponsor. If the terms of the agreement allow for transfer, the process for transferring corporate funding is:

1. The PI should ask the corporate sponsor for a letter to the new institution stating the sponsor agrees that the study can be transferred.
2. Upon notification and approval, PCRO (or RVL, for non-clinical corporate sponsored research) will terminate the research agreement between MGH and the sponsor according to the terms specified in the existing agreement. PCRO can supply a copy of the MGH agreement to the PI. The PI and an agreement associate/case manager at the new institution can review the MGH terms and decide whether to accept them. A new research agreement would then be negotiated and executed between the new institution and the sponsor. If the new institution and the sponsor agree, PCRO can develop a legal document to assign the research agreement from MGH to the new institution.
3. The PI should ask Research Management for an accounting of study funds and how much money should be transferred to the new institution. Arrangements should be made with Research Management to transfer the funds.

Financial Reconciliation/Close-Out

An investigator's entire research portfolio must be evaluated and closed out prior to departure.

Residual funds and/or sundry accounts may not be transferred outside of the institution. In addition, any deficits in an investigator's research portfolio must be addressed and resolved prior to the investigator's departure. Awards will not be transferred until a deficit plan has been approved.

Research Management will submit the final financial reports to the sponsor per specific guidelines. For NIH awards final Financial Status Reports are submitted 90 days after an award is relinquished.

Effort Reporting

Prior to departure, investigators must certify their effort on projects to ensure that all prior salary charges are appropriately documented and supported.

Investigators should contact the Partners Effort Reporting Team at phseffort@partners.org to request a paper based effort report. Please manually update the fields to reflect current activity and actual effort spent on each project during the current reporting period. Reporting periods run from October through March and April through September.

For more information on effort reporting, please visit the Effort Reporting website:
http://resadmin.partners.org/RM_Home/Effort_Reporting/Effort.aspx.

The completed effort report should be returned to the Partners RM Effort Reporting Team and Gary Smith at gsmith4@partners.org.

Transitioning Staff

When transferring to a new institution, investigators should consider their current MGH employees and ALWAYS contact [Human Resources](#) for guidance. There are many different considerations to be taken into account when transitioning staff, such as, professional vs non-professional staff, continuation pay for non-professional staff, notification requirements, etc. It is extremely important that PI's and departments administrators work proactively with their Human Resources Generalist to help guide them through the process. PI's leaving MGH that have employees currently on visas should contact the [Partners International Office](#) for guidance.

Transfer of Equipment

MGH attempts to accommodate a Principal Investigator in the transfer of equipment to the new institution. However, all equipment purchased with funds of any kind awarded to MGH is owned by MGH (or in some cases the awarding agency). Therefore, relinquishing these assets of MGH is approved on an item-by-item basis. The authority for relinquishing assets of MGH lies with the Trustees or their delegates.

Factors considered in authorizing transfer of equipment include:

1. Source of funds used to purchase the equipment or materials (The PI's own grants, a program/project grant, departmental funds, corporate sponsored research, institutional funds, shared equipment grant, a specific gift, etc.)
2. Use/need of the equipment or materials by other MGH researchers (Do other researchers at MGH currently use the equipment or materials, or could they use them if they were available?)
3. Contractual obligations to funding agencies and corporate sponsors (Has the funding source imposed any specific ownership criteria/identification on the equipment?)

Equipment obtained from third parties are subject to the terms and conditions of the MGH agreements that govern their transfer to MGH and as such may not be available to further transfer to the investigator's new institution.

Contact the MGH Research Space Management Group (RSMG) at 617-724-7481 to provide you with a complete listing of equipment for which you are currently responsible. Use this list to populate the [Transfer of Equipment Form](#). You must provide disbursement details for each item of equipment listed, regardless of whether you plan to transfer, leave or discard, to ensure all equipment is appropriately inventoried. Please also provide details on any additional equipment which was not included on the RSMG list. For the purposes of this action, equipment is defined as an item with an original purchase price greater than \$5,000 and a useful life expectancy of greater than two years. Remember that "equipment" includes not only research capital equipment but also office equipment and non-capital equipment.

Please have the completed list signed by both you and your Service/Department/Division Chief and submit to Gary Smith at gsmith4@partners.org at least ***30 days before the date you intend to leave***. The completed form will be distributed to RSMG and Research Management for review and authorization. You may not take equipment until you have received final authorization from the Senior Vice President for Research.

At the time you plan to leave, make arrangements with Materials Management for help in crating and moving the equipment, use of a loading dock, etc.

Laptops

To remove laptop computer encryption, submit a request to the [IS Help Desk](#). The request will be routed to the MGH Privacy and Security Office to confirm that no patient health information (PHI) is stored on the laptop before encryption can be removed. Under exceptional circumstances, PHI may be transferred after review and approval by the Partners Human Research Committee and MGH Privacy Office. See Human Subjects Research section below for more information and further instructions.

Transfer of Materials

Materials include biological materials, specimens, reagents etc. as well as expendable supplies (see the Disposition of Expendable Supplies Form). Materials also include controlled data, as procured under data use agreements. Some research materials are subject to regulatory restrictions, either because of specific contractual or regulatory restrictions (e.g. MTAs, DUAs, sponsor restrictions, or human subjects concerns), or because of the chemical, biological or radioactive risks associated with the use and/or transfer of hazardous materials.

Remember that if you plan to take with you any radioactive or hazardous materials, there are MGH regulations, as well as state and federal laws, concerning transportation of such materials. Violation of these laws carries some severe penalties. Therefore, make certain you check with Environmental Health and Safety for all the proper forms, regulations, etc. before you attempt to transfer any hazardous material from your laboratory. Please contact MGH Radiation Safety (http://intranet.massgeneral.org/ehs/ehs_programs_laboratorysafety.htm) to arrange for transfer or disposal of radioactive materials.

The PI must also be aware of any restrictions governing the use or transfer of the material based on Material Transfer Agreements, Data Use Agreements or sponsor obligations. Materials/data obtained from third parties under material transfer agreements or data use agreements should be returned to the provider or allocated consistent with the terms of the agreement. Please consult Research Management or Research Ventures and Licensing for questions regarding specific contractual obligations associated with material transfer.

If the PI intends to transfer biospecimens, the PI must notify any associated review board overseeing the use of those biospecimens (e.g., ESCRO, PIBC or the IRB). In addition, investigators must be sensitive to privacy and consent issues for future use of biospecimens. Particular scrutiny should be given to transfer of specimens with identifiable data, secondary use of tissue specimens acquired for research (to ensure future use is consistent with original consent), and transfer of restricted stem cell lines.

The [Transfer of Materials Form](#) should be used by the Department for review of what materials the PI will be allowed to take. If the PI intends to transfer hazardous materials, the Department must consult with Environmental Health and Safety to determine the requirements and allowability of transfer and secure authorization for the transfer. The completed form must be sent to Gary Smith at gsmith4@partners.org for final authorization.

Research Records

Records of research conducted at MGH are the property of MGH. Research records include all recorded information, in any format, pertaining to the conduct of research, including but not limited to data, books, photos, films, budgets, administrative data and written correspondence. It is the investigator's responsibility to ensure that all research records are collected and organized appropriately and stored securely, such that research records may be identified and/or accessed at any time. Records must be maintained in compliance with MGH and Partners policies for recordkeeping and data security.

MGH has the responsibility of being able to refer to this data for a number of purposes, including intellectual property questions, misconduct in science, FDA actions, etc. MGH requires the Service/Department/Division Chief to produce these records when necessary. To this end, the Service/Department/Division Chief usually retains the original records when an investigator leaves MGH. In some cases, the investigator may take **copies** of the research records if desired. In some cases, original records may be taken from the Hospital **AS LONG AS THEY ARE AVAILABLE TO THE HOSPITAL FOR ITS NEEDS**. The Service/Department/Division Chief is responsible for determining if records physically may be taken from MGH.

In all instances involving clinical research, the Service/Department/Division must retain the original records. Please contact the Partners Human Research Committee to ascertain the allowability of transferring specific clinical research records.

In order that the Hospital may comply with the law regarding the maintenance of patients' records, and with the regulations of HHS and FDA regarding records of investigations conducted at the Hospital, the information on the accompanying [Disposition of Research Records Form](#) must be provided. ***The completed form, signed by both you and your Service/Department/Division Chief, should be retained by the Department for internal decision about how/where to retain the original research records.***

Regardless of where they are maintained, original research records must be maintained for a period of at least 7 years, or longer as required by the research sponsor, following the end of a research project. A project will be considered to have ended after final reporting to or close out with the research sponsor or final publication of research results, whichever is later. Please note, any data associated with legal issues (ex. Lawsuits, subpoenas, etc.), intellectual property claims and regulatory submissions should be maintained indefinitely, pending record retention advice from the Partners Office of General Counsel (OGC). Please contact the Partners OGC to discuss specific legal issues or concerns.

Intellectual Property

As a researcher at MGH, you are responsible to report to Research Ventures & licensing /Research Management all items of potential commercial interest that you have developed/invented during the course of your research activities at MGH. You are also responsible to continue to work with that office on any matters in process (patents, licenses, etc.).

MGH retains the rights to any instrument, drug, process, or other intellectual property made by a researcher paid by MGH or made using MGH funds, space, facilities, or other resources. Researchers are required to report promptly to MGH all such intellectual properties in sufficient detail for the institution to evaluate commercial potential and determine any steps necessary to protect that potential.

At the time of transferring to another institution, it is important that a clear record be established concerning what intellectual properties belong to MGH. This greatly reduces the possibilities of questions and confusion in the future between MGH and your new institution.

Complete the [Intellectual Property Certification](#) and submit it to Gary Smith at gsmith4@partners.org.

Animal Research

All existing animals must be either transferred to another investigator, arrangements made to send them to the new institution, or humanely euthanized as described in the IACUC approved protocol. Contact the Center for Comparative Medicine (CCM) to help facilitate this process. In addition, all active animal protocols must be either terminated or transferred to another investigator before leaving MGH. If transferring to another investigator within MGH, an amendment must be submitted to the MGH Subcommittee on Research Animal Care (SRAC).

Complete the [Disposition of Animals](#) form. The form will be distributed to the SRAC and Center for Comparative Medicine for their follow-up and action.

MGH Contact Information:

Subcommittee on Research Animal Care (SRAC)

Diane McCabe

Phone: (617) 724-9718

Email: dmccabe@partners.org

<http://is.partners.org/aniweb/index.htm>

Center for Comparative Medicine

Email: mghccm@partners.org

<http://intranet.massgeneral.org/ccm/index.asp>

Controlled Substances:

If the PI has a DEA/DPH research license for storing and dispensing controlled substances for use in animals, any controlled substances associated with this license must be disposed of prior to the departure. Please contact Environmental Health and Safety to arrange for controlled substance disposal. If the investigator is moving to another institution within Massachusetts, contact the new institution to determine if license and drugs can transfer. Out of state transfer is not permitted.

Human Subjects Research

If your research involves human subjects, notify the Partners Human Research Committee to discuss your transition plan. Whether working on an active or closed protocol or a protocol that was deemed not human research (and therefore not under IRB review), there are issues to be considered regarding the transfer of human subjects data or biospecimens to other institutions.

A variety of options may be considered with regard to management of human research projects in the event of an investigator departure:

- Termination of project: If work on the project has been completed, the departing PI may choose to terminate the protocol.
- Transition of project to new PI: If research (enrollment, follow-up or analysis) is ongoing at the Partners institution, the PI may elect to transition the project to a new PI. In some cases, it may be permissible for the departing investigator to remain a collaborator on the project. In these cases, the departing investigator will need to secure approval from the IRB and department chair and will need to sign a confidentiality agreement. For more details on collaborator involvement, please see the [Policy for Partners Investigators Leaving the Institution](#).
- Transition of project to new institution: If an investigator wishes to transition human subjects research to a new institution, the investigator must terminate their protocol at Partners and secure new approval at their new institution. In all situations, the investigator must contact the PHRC to discuss the transition plan. Investigators must be sensitive to privacy and consent issues for future use of human subjects data or biospecimens. Particular scrutiny should be given to transfer of identifiable data or specimens, secondary use of tissue specimens acquired for research, and data or specimens subject to MTA or sponsor restrictions. It is typically not permissible to transfer identifiable data to outside institutions.

If you are a Co-Investigator on an open human subjects research protocol, you must notify the protocol's PI of your impending departure and work with the PHRC to remove you from the protocol.

Please note that the research records from your work at MGH are the property of MGH and generally may not be taken with you to your new institution (see the section on [Research Records](#)). You may take copies, if desired.

Regarding an investigator leaving MGH and his/her responsibilities with respect to ClinicalTrials.gov:

If the investigator has responsibility for managing ClinicalTrials.gov registration and/or reporting for a trial, the investigator must ensure these registration/reporting responsibilities are transferred appropriately:

1. *If the investigator 'takes' the study to a new institution:* Once situated at new institution, they must set up a profile on the new institution's organizational account and request CT.gov to transfer the registration from MGH organizational account to new institution account. Setting up a new profile and initiating the transfer can be done via the new institution's PRS administrator. Appropriate updates to the registration should be made.

2. *If the investigator 'transfers' the study to a new investigator:* The new investigator assuming responsibility ("responsible party"*) for CT.gov registration/reporting needs to have a profile under the MGH CT.gov organizational account. One of the MGH PRS administrators can then transfer the study within the MGH organizational account. Appropriate updates to the registration, including new responsible party, should be made.

Please note, the transfer of responsible party needs to occur even if the "owner"*** of the CT.gov registration stays the same (e.g., a coordinator ("Owner") who enters the data may stay the same, but the PI ("responsible party") who signs off on the record needs to be transferred).

*The 'responsible party' is listed in the ClinicalTrials.gov registration. This person is ultimately responsible for what is listed on this registration and must 'approve' and 'release' the registration to ClinicalTrials.gov. The 'owner' and 'responsible party' can be the same person/login name.

**The 'owner' is the person who entered the registration data into the CT.gov account. This can be the PI/FDAAA Sponsor, a co-investigator, or research coordinator.

Please contact the [Partners Human Research Quality Improvement Program](#) for more assistance with CT.gov issues.

Lab Clean Out

The proper management of hazardous materials, wastes and lab equipment during a laboratory move or close-out is essential to maintaining a safe environment.

Routine supplies usually are useful to many researchers. Efforts should be made to convey such supplies to others, or clear them out of your laboratories and dispose of them through proper channels. Radioactive and hazardous materials present a special problem in the laboratory for others to deal with. Arrangements must be made to either transfer responsibility for radioactive and hazardous materials to other principal investigators, or dispose of them through the appropriate services.

The investigator is responsible for the disposition of chemicals, supplies, gas cylinders, controlled substances etc. in his/her laboratories. Disposition includes discarding or transferring to another investigator. Please contact Environmental Health and Safety at least three weeks prior to your departure date to review your chemical waste disposal needs.

Large chemical waste clean-out (a.k.a. Lab Packs) are not part of the routine chemical waste collection service provided by Environmental Health and Safety. As such, special advance arrangements must be made for Lab Pack clean-outs.

Please contact MGH Radiation Safety (http://intranet.massgeneral.org/ehs/ehs_programs_laboratorysafety.htm) to review plans for disposal of radioactive materials.

Costs incurred in clearing the laboratories after the investigator leaves will be charged to that investigator's funds.

The completed [Disposition of Expendable Supplies Form](#) should be sent to Gary Smith at gsmith4@partners.org

Transferring to an Institution Outside the United States

Investigators transferring to institutions outside the United States must contact Rachel Ackman (MGH Research Compliance at (617) 643-9721 or rackman@partners.org) to review potential Export Control Issues.



Transfer Packet Forms

The completed Transfer Packet must include the following forms:

- [Checklist](#)
- [Transfer Notification Form](#)
- [Fund Transfer Form](#)
- [Transfer of Equipment Form](#)
- [Transfer of Materials Form](#)
- [Disposition of Research Records](#)
- [Disposition of Expendable Supplies](#)
- [Research Equipment Disposal Form](#)
- [Intellectual Property Certification](#)
- [Disposition of Research Animals](#)
- [Lab Clearance](#)

Please submit a copy of the complete transfer packet to Gary Smith at gsmith4@partners.org.