

ADDGENE, INC.
FCOI TRAINING ACKNOWLEDGEMENT FORM

Instructions: Please read the statement below, provide the necessary information, then sign and date this form and return to Addgene's FCOI Team.

I hereby acknowledge that I have attended the FCOI Training Presentation in its entirety. I agree to abide by the policies and procedures that were explained in this training. I understand that if I have any questions about the training, materials presented or information not addressed in the training, or if I encounter any problems, it is my responsibility to seek clarification from Addgene's FCOI Team.

Trainee Information

Name:	Project Role:
Email:	
Anticipated Research Start Date:	Anticipated Research End Date:
Subrecipient Organization (if applicable):	
Research Project Title(s) / Description:	
Reason for Training (tick one): <input type="checkbox"/> Initial Training / New to Addgene <input type="checkbox"/> Training Renewal (4th year renewal) <input type="checkbox"/> Addgene revised its FCOI Policy <input type="checkbox"/> Noncompliance with FCOI Policy and/or Management Plan	
Sponsor: <input type="checkbox"/> PHS/NIH <input type="checkbox"/> NSF <input type="checkbox"/> Other: _____	

Signature of Trainee: _____

Date: _____