

REQUEST FOR R& D COMMITTEE APPROVAL

SFVAMC Principal Investigator / Program Director: _____ Degree: _____

SSN: _____ Telephone: _____ Alt. Phone: _____ Mail Code: _____

VA Appointment: Full-time Part-time WOC Consultant

Type of Submission: New Renewal of Active Project Revision of Previously approved Research

Submissions other than PI-initiated proposals: Fellowship/Training (Incl. Career Development) Contract/Subcontract

Letter of Intent Clinical Trial Other: please describe: _____

Project Title: _____

For Ph.D.s Only: Have you been approved by R&D to submit grants? Yes: date of approval: _____ / No
If "no", you must receive eligibility before this project can be reviewed by the R&D Committee

Co-Principal Investigators: _____ Degree: _____ SSN: _____

Primary Contact (other than PI): _____ Phone: _____ Fax: _____

Anticipated Project Start Date: _____

Funding Source & Administration (See the R&D Web Forms page for codes): Source Name: _____

Source Code: _____ Admin Code: _____ Name (when Admin Code is "06"): _____

If grant is funded through UCSF (instead of VA or NCIRE) please explain why: _____

Indicate Resources used in this Project (Mark each item; submit approval forms—see the R&D website for additional information):

Human Subjects / Tissue / Data: Yes / No

Investigational Drugs: Yes / No

Investigational Devices: Yes / No

Tissue Banks: Yes / No

Biohazards: Yes / No

Radioisotopes: Yes / No

Select Agents: Yes / No

Animals: Yes / No

Restricted Livestock Pathogens: Yes / No

For Research involving Human Subjects (including tissue and data) please list all personnel who will work on this study at the SFVAMC (attach additional sheet if necessary):

Name: _____ Salary Source: VA NCIRE UCSF Volunteer

Indicate Animals Subjects (if used) showing species and, where applicable, strain:

Species: _____ Strain: _____

Keywords: (Minimum 3, Maximum 6: Use MESH Terms Only—see the R&D Website or NIH MESH Browser for more information)

Study Site: SFVAMC (Specify Building & Room Number) _____ UCSF (Specify) _____
 Other (Specify) _____

Will additional space be required? Yes / No (If yes, please attach a justification)

Will this protocol require any structural or other changes such as wiring, plumbing or venting? Yes / No

If yes, please specify: _____

Core Facilities: Please indicate which facilities you will use:

- Color or Black & White Slide Processing Real-Time PCR FACS Core
- Microscopy & Advanced Imaging Microarray Proteomics

Clinical / Hospital Resources: Please indicate which resources you will use:

- Pharmacy Anatomic Pathology
- Laboratory (Clinical Pathology)
- Nuclear Medicine Radiology
- SDTU NHCU
- CRC Other Hospital Area: (Specify) _____
- Nursing Care will be required

SUBMITTED BY (SFVA PI):

I certify that the above is complete and accurate, and agree to be responsible for the conduct of this study:

SFVAMC Principal Investigator's Signature

Date

APPROVALS:

Service Chief:

I verify that the:

- PI has sufficient staff and facilities to conduct the research;
- conduct of this protocol will adhere to all SFVAMC policies and procedures.

Therefore:

I approve this request to conduct research as described in the attached protocol:

Service Chief's Signature (or COS if Service Chief is PI)

Date

ACOS/R:

Approved with the understanding that adequate alternate space may be assigned:

ACOS/R (or Designee)

Date