

Request for R&D Committee Approval

1. Principal Investigator/Program Director: _____
Last First MI Degree

2. SSN: _____ 3. Telephone: _____ 4. Mail Code: _____

5. VA Appointment: full time part time WOC Consultant

6. Type of Submission: New Renewal of Active Project Revision

Submissions other than PI-initiated research project proposals:

Fellowship/Training (including Career Development) Contract/Subcontract

Letter of Intent Clinical Trial Other: _____

7. Project Title: _____

For Ph.D.s ONLY: Have you received prior approval from the R&D Committee to submit VA or non-VA grants? Yes No

If yes, date of R&D Committee approval _____

If no, you **MUST** receive eligibility before this project can be reviewed by the R&D Committee.

8. Co-Principal Investigator(s): _____

(last name, first name, mi, degree) Social Security #

9. Anticipated Starting Date: ____ / ____ / ____ (mm/dd/yy)

10. Funding Source and Administration: (See the Research Web [Forms page](#) for codes)

Source Name _____

Source Code _____

Admin code _____

Name if Admin Code is "06" _____

11. Project Uses: (Mark each item and submit approval forms. If Animal Subjects is Yes, Complete Item 12)

Human Subjects Yes No Invest Drugs Yes No

Radioisotopes Yes No Animal Subjects Yes No

Invest Devices Yes No Biohazards Yes No

Tissue Bank Yes No

12. Animal Subjects: (Species and, if applicable, strain. Enter one species per line.)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

13. Keywords: (Minimum 3, maximum 6.) **Use MESH terms only.** A copy of the list can be obtained from the R&D Office, or use the NIH Mesh Browser (see the [Research Web](#) site)

- 1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

14. Study Site: VA: Building and Room# _____
 UCSF _____ Other _____

15. Will additional space be required? Yes No
If yes, attach justification _____

16. Will this protocol require any structural or other types of changes such as wiring, plumbing or venting? Yes No
If yes, please specify: _____

17. Will this protocol require tests to be done by Anatomic Pathology, Clinical Pathology (Lab), Nuclear Medicine, Radiology or other VA Services? Yes No

If yes, please specify: _____

18. Will VA Core Resources be utilized? Yes No

- Color or B/W slide processing Pharmacy Real-time PCR
 Microscopy and Advanced Imaging Microarray Proteomics

19. Will you be needing Nursing Care for patients enrolled in your study?
Yes No

20. Will you be using NHCU patients? Yes No

21. If Committee for Human Research approval has been received, please state the CHR approval numbers: _____

22. If this grant/award is being processed through UCSF instead of the VA or NCIRE, please explain why

SUBMITTED BY:

Principal Investigator Signature

Date

SERVICE CHIEF APPROVAL:

I approve the Principal Investigators request to conduct the research activity described in this protocol.

Service Chief Signature

Date

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

Lynn Pulliam, M.S., Ph.D. / ACOS for R&D

Date

If we have questions on this grant, please provide us with your contact person:

Name

Phone number

Fax number