

# REQUEST FOR R& D COMMITTEE APPROVAL

Please address all pertinent items below:

1. SFVAMC Principal Investigator / Program Director: \_\_\_\_\_ Degree: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Mail Code: \_\_\_\_\_

2. VA Appointment:  Full-time  Part-time  WOC  Consultant

3. Type of Submission: \_\_\_\_\_  
Submissions other than PI-initiated proposals: \_\_\_\_\_

4. Project Title: \_\_\_\_\_  
Protocol Titles - (CHR, IACUC, BUA, Safety Survey, UACEAT; if different from Project Title):  
\_\_\_\_\_  
\_\_\_\_\_

5. Co-Investigators: \_\_\_\_\_ Degree: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Degree: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Degree: \_\_\_\_\_ Email: \_\_\_\_\_

6. Primary Contact (other than PI): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

7. Anticipated Project Start Date (mm-dd-yy): \_\_\_\_\_

8. Funding/Donation Source & Administration: \_\_\_\_\_  
Other source name: \_\_\_\_\_ Admin Code/Name: \_\_\_\_\_  
Type (R01, K Award, etc.): \_\_\_\_\_  
If grant is funded through UCSF (instead of VA or NCIRE) please explain why:  
\_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Human Subjects / Tissue / Data</b>   | <input type="checkbox"/> <b>Radiation:</b>                   | <input type="checkbox"/> <b>Chemicals:</b>                                |
| <input type="checkbox"/> Investigational Drugs                   | <input type="checkbox"/> <b>Ionizing Radiation</b>           | <input type="checkbox"/> Toxic chemicals (including heavy metals)         |
| <input type="checkbox"/> Investigational Devices                 | <input type="checkbox"/> Radioactive materials/isotopes      | <input type="checkbox"/> Flammable, explosive or corrosive chemicals      |
| <input type="checkbox"/> Tissue Banks                            | <input type="checkbox"/> Radiation generating equipment      | <input type="checkbox"/> Carcinogenic, mutagenic or teratogenic chemicals |
| <input type="checkbox"/> Controlled Substances                   | <input type="checkbox"/> <b>Non-ionizing Radiation</b>       | <input type="checkbox"/> Toxic compressed gases                           |
| <input type="checkbox"/> <b>Animals</b>                          | <input type="checkbox"/> Ultraviolet Light                   | <input type="checkbox"/> Acetylcholine esterase inhibitors or neurotoxins |
| <input type="checkbox"/> <b>Biohazards</b>                       | <input type="checkbox"/> Lasers (class 3b or 4)              | <input type="checkbox"/> <b>Extremely Hazardous Substances</b>            |
| <input type="checkbox"/> Recombinant deoxyribonucleic acid (DNA) | <input type="checkbox"/> Radiofrequency or microwave sources | <input type="checkbox"/> <b>Select Agents</b>                             |
| <input type="checkbox"/> <b>Restricted Livestock Pathogens</b>   |  |   |

10. Project Focus:  Agent Orange  Females  Prisoners of War

11. 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: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Species: \_\_\_\_\_ Strain: \_\_\_\_\_ Species: \_\_\_\_\_ Strain: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**14. Study Site:**  SFVAMC (Specify Building & Room Number) \_\_\_\_\_  UCSF (Specify ) \_\_\_\_\_

Other (Specify ) \_\_\_\_\_

Will additional space be required?

Will this protocol require any structural or other changes such as wiring, plumbing or venting?

If yes, please specify: \_\_\_\_\_

**15. Core Facilities:** Please indicate which facilities you will use:  None

Color or Black & White Slide Processing  Real-Time PCR  FACS Core

Microscopy & Advanced Imaging  Microarray  Proteomics  Animal Behavior Core

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

Pharmacy  Anatomic Pathology

Laboratory (Clinical Pathology)  Radiology

Nuclear Medicine  NHCU

SDTU  Other Hospital Area (specify) \_\_\_\_\_

CRC

Nursing Care will be required

**17. Statement describing the relevance of the research to the VA:**

**18. 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

**19. APPROVALS:**

**Service Chief:**

I verify that the:

- PI has the proper education, experience and expertise to conduct this research;
- 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:

\_\_\_\_\_  
Carl Grunfeld, MD, PhD, ACOS/R&D (or Designee)

\_\_\_\_\_  
Date