

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"/> Human Subjects / Tissue / Data | <input type="checkbox"/> Radiation: | <input type="checkbox"/> Chemicals: |
| <input type="checkbox"/> Investigational Drugs | <input type="checkbox"/> Ionizing Radiation | <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"/> Non-ionizing Radiation | <input type="checkbox"/> Toxic compressed gases |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Ultraviolet Light | <input type="checkbox"/> Acetylcholine esterase inhibitors or neurotoxins |
| <input type="checkbox"/> Biohazards | <input type="checkbox"/> Lasers (class 3b or 4) | <input type="checkbox"/> Extremely Hazardous Substances |
| <input type="checkbox"/> Recombinant deoxyribonucleic acid (DNA) | <input type="checkbox"/> Radiofrequency or microwave sources | <input type="checkbox"/> Select Agents |
| <input type="checkbox"/> Restricted Livestock Pathogens | | |

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