

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):

☐ [Human Subjects / Tissue / Data](#) [Radiation:](#)

- ☐ Investigational Drugs
- ☐ Investigational Devices
- ☐ Tissue Banks
- ☐ Controlled Substances

☐ [Animals](#)

☐ [Biohazards](#)

☐ Recombinant
deoxyribonucleic acid (DNA)

☐ [Restricted Livestock Pathogens](#)

Ionizing Radiation

- ☐ Radioactive materials/isotopes
- ☐ Radiation generating equipment

Non-ionizing Radiation

- ☐ Ultraviolet Light
- ☐ Lasers (class 3b or 4)
- ☐ Radiofrequency
or microwave sources

[Chemicals:](#)

- ☐ Toxic chemicals (including heavy metals)
- ☐ Flammable, explosive or corrosive chemicals
- ☐ Carcinogenic, mutagenic or teratogenic chemicals
- ☐ Toxic compressed gases
- ☐ Acetylcholine esterase inhibitors or neurotoxins

☐ **Extremely Hazardous Substances**

☐ [Select Agents](#)

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: _____ Salary Source: _____ Name: _____ Salary Source: _____

Name: _____ Salary Source: _____ Name: _____ Salary Source: _____

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? No

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:

Jennifer Mitchell, PhD, ACOS/R&D (or Designee)

Date