San Francisco VA Health Care System

Request to Advertise Non-VA Research Activity in a VA Facility

(VHA Office of Research and Development guidance document - 3/9/2015)

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Project Title:					
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Project Leader:			Phone:		
			Email:		
Project Contact (if different	t		Phone:		
than above):			Email:		
Main project location					
(include institution,					
department, or program					
name, if applicable) city,					
state:					
Project Summary (please pr	rovide a paragraph c	describing the purpose	e of the project.	You may attach a more	e detailed
project summary to this for	m)				
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Is this research relevant to Veterans and the mission of the VA?	☐Yes ☐No If yes, please provide justification he	ere:				
By signing below, the signer affirms that the information above is the truth to the best of their knowledge at this time. It has been acknowledged by the signer below that VA facility approval is required before posting or advertising non-VA research at this facility.						
Project Leader:(Printed name)	Signature:	Date:				
VA Facility Review						
The non-VA project named above has been reviewed by the following authority and it has been determined that posting or advertising the non-VA research project at this facility is approved by the Facility Director or designee named below.						
Printed name:	Signature:	Date:				
If signed by a designee, print Facility Title of designee here:						