

# REQUEST FOR R& D COMMITTEE APPROVAL

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:  New  Renewal of Active Project  Revision of Previously approved Research  
Submissions other than PI-initiated proposals:  Fellowship/Training (Incl. Career Development)  Contract/Subcontract  
 Letter of Intent  Clinical Trial  Other: please describe: \_\_\_\_\_

4. 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 Source & Administration ([See the R&D Web Forms page for codes](#)): Source Name: \_\_\_\_\_

Source Code: \_\_\_\_\_ Admin Code: \_\_\_\_\_ Admin 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:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<a href="#">Biohazards</a> :	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Investigational Drugs:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Radioisotopes:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Investigational Devices:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Extremely Hazardous Substances	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Tissue Banks:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<a href="#">Select Agents</a> :	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Controlled Substances	Yes / <input type="checkbox"/> No	Animals:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		<a href="#">Restricted Livestock Pathogens</a> :	<input type="checkbox"/> Yes / <input type="checkbox"/> No

10. Project Focus: Agent Orange  Yes /  No Females  Yes /  No Prisoners of War  Yes /  No

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: <input type="checkbox"/> VA <input type="checkbox"/> NCIRE <input type="checkbox"/> UCSF <input type="checkbox"/> Volunteer
Name: _____	Salary Source: <input type="checkbox"/> VA <input type="checkbox"/> NCIRE <input type="checkbox"/> UCSF <input type="checkbox"/> Volunteer
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Name: _____	Salary Source: <input type="checkbox"/> VA <input type="checkbox"/> NCIRE <input type="checkbox"/> UCSF <input type="checkbox"/> Volunteer

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?  Yes /  No (If yes, please attach a justification)

Will this protocol require any structural or other changes such as wiring, plumbing or venting?  Yes /  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:  None  
 Pharmacy       Anatomic Pathology  
 Laboratory (Clinical Pathology)  
 Nuclear Medicine       Radiology  
 SDTU       NHCU  
 CRC       Other Hospital Area: (Specify) \_\_\_\_\_  
 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:

\_\_\_\_\_  
Lynn Pulliam, M.S., Ph.D., ACOS/R (or Designee)

\_\_\_\_\_  
Date