RESEARCH PROJECT APPLICATION FORM
Lexington VA Medical Center #596/ R&D (151)

Principal Investigator:
Lexington VA Study# (*office use only*):
Project # [From Sponsor]**:**
Project Title[175 characters w/ spaces maximum]**:**

1. **Study Personnel Information** [*Naming an Alternate PI is encouraged*]**:**

Investigator	Name/Degree	Service	Phone	Is a scope of practice needed?*	Verification of completed training requirements	Appointment Type [If VA, provide 8ths (i.e. 8/8 = FT, 4/8 = PT)]
Principal				☐ Yes ☐No	☐Completed	
Alternate				☐ Yes ☐No	☐Completed	
Co-PI [VA Only]				☐ Yes ☐No	☐Completed	
Co-I #1				☐ Yes ☐No	☐Completed	
Co-I #2				☐ Yes ☐No	☐Completed	
Coordinator				☐ Yes ☐No	☐Completed	
Technician(s)				☐ Yes ☐No	☐Completed	
Others				☐ Yes ☐No	☐Completed	

**** All study staff must have a Scope of Practice at Lexington VAMC [Mark No if it is confirmed that a scope of practice is already on file in the R&D office and covers all procedures done in this protocol]***

2. **Funding Source and Funding Administration Codes**[Codes are on a separate sheet]

Source Code[4 digits]**:**	**Name:**	**Admin. Code**[2 digits]**:**	**CRADA** ☐Completed ☐In Progress ☐NA

3. **Project Uses** [Mark each item and submit pertinent forms]**:**

Human Subjects* ☐ Yes ☐No	**Investigational Drugs** ☐ Yes ☐No	**Investigational Devices** ☐ Yes ☐No
Biohazards ☐ Yes ☐No	**Recombinant DNA** ☐ Yes ☐No	**Animal Subjects#** ☐ Yes ☐No
Hazardous materials (e.g., chemicals, toxins) ☐ Yes ☐No		**Radioisotopes** ☐ Yes ☐No

*** Please complete Application to Conduct Human Research form and other necessary forms**
 # Please complete Animal Research (ACORP) forms
NOTE: All studies need to complete Research Protocol Safety Survey form

Will any study personnel handle biohazardous samples (i.e. packaging, shipping, spinning etc.)? ☐ Yes ☐No

International Research: Does this study involve international research as defined in VHA 1200.05 ? ☐ Yes ☐No

4. **Abstract (Please attach a copy of Project Abstract)**

5. **Keywords** [3 MeSH terms needed]:
   1.)
   2.)
   3.)

6. **VA Institutional Resources & Support** [If yes, signature of corresponding VA Service Chief is required on #8 of this form]**:**

Medicine ☐ Yes ☐No	**Psychiatry** ☐ Yes ☐No	**Surgery** ☐ Yes ☐No	**Nursing** ☐ Yes ☐No
Pharmacy ☐ Yes ☐No	**Laboratory** ☐ Yes ☐No	**Radiology** ☐ Yes ☐No	**Nuclear Medicine** ☐ Yes ☐No
Outpatient Services ☐ Yes ☐No	**IRM** ☐ Yes ☐No		

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7. **Other Institutions(s) Involved** [If yes, include names]**:** ☐ **Yes** ☐**No**
   Name(s):

8. **SIGNATURES:** The principal investigator and all research personnel listed below must sign this document to certify that they understand the Lexington VA Medical Center Research & Development policies/regulations and accept responsibilities pertinent to the conduct of the project, i.e., scientific quality, protection of human and/or animals in research, and compliance with applicable federal and state laws.

Investigator	Printed Name:	Signature:
Principal		X PI Name Principal Investigator
Alternate		X Alternate Name Alternate Investigator
Co-PI [VA Only]		X CO-PI VA ONLY Co-Investigator
Co-Investigator		X Sub Investigator# 1 Name Sub Investigator
Co-Investigator		X Sub Investigator# 2 Name Sub Investigator

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9. **VA INSTITUTIONAL RESOURCES & SUPPORT:** I have discussed this project with the Principal Investigator and reviewed the proposed resources required of my Section/Service to conduct this project. I approve the support, requirements, and the investigator's (PI, Co-PI, Sub-investigators within my Section/Service) time commitments, as they relate to my Section/Service. I certify that the investigator(s) (PI, Co-PI, Sub-investigators within my Section/Service) have the appropriate credentialing and privileges to conduct this research [If disapproved, the reason(s) for disapproval must be submitted in writing].

Service:	Printed Name:	Signature:
		X Service Chief Name Service Chief Title
		X Service Chief Name Service Chief Title
		X Service Chief Name Service Chief Title
		X Service Chief Name Service Chief Title
		X Service Chief Name Service Chief Title

10. **CHIEF OF STAFF :** I am aware of the existence of this research activity and agree with the statements made above.

X
Chief of Staff Name