

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

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

**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<br>[If VA, provide 8ths (i.e. 8/8 = FT, 4/8 = PT)] |
|--------------------|-------------|---------|-------|--|---|---|
| Principal          |             |         |       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Completed              |   |
| Alternate          |             |         |       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Completed              |   |
| Co-PI<br>[VA Only] |             |         |       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Completed              |   |
| Co-I #1            |             |         |       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Completed              |   |
| Co-I #2            |             |         |       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Completed              |   |
| Coordinator        |             |         |       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Completed              |   |
| Technician(s)      |             |         |       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Completed              |   |
| Others             |             |         |       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 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 <input type="checkbox"/> Completed<br><input type="checkbox"/> In Progress<br><input type="checkbox"/> NA |
|------------------------|-------|------------------------|---|

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

|  |  |  |
|--|--|--|
| Human Subjects* <input type="checkbox"/> Yes <input type="checkbox"/> No                               | Investigational Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No | Investigational Devices <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Biohazards <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | Recombinant DNA <input type="checkbox"/> Yes <input type="checkbox"/> No       | Animal Subjects# <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Hazardous materials (e.g., chemicals, toxins) <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Radioisotopes <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No            | Psychiatry <input type="checkbox"/> Yes <input type="checkbox"/> No | Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No   | Nursing <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Pharmacy <input type="checkbox"/> Yes <input type="checkbox"/> No            | Laboratory <input type="checkbox"/> Yes <input type="checkbox"/> No | Radiology <input type="checkbox"/> Yes <input type="checkbox"/> No | Nuclear Medicine <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outpatient Services <input type="checkbox"/> Yes <input type="checkbox"/> No | IRM <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |   |

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7. **Other Institutions(s) Involved** [If yes, include names]:  
 Name(s): | |

Yes  No

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:  |
|------------------------|---------------|---|
| <b>Principal</b>       |               | X<br>_____<br>P I Name<br>Principal Investigator                            |
| <b>Alternate</b>       |               | X<br>_____<br>A l t e r n a t e N a m e<br>Alternate Investigator           |
| <b>Co-PI [VA Only]</b> |               | X<br>_____<br>C O - P I V A O N L Y<br>Co-Investigator                      |
| <b>Co-Investigator</b> |               | X<br>_____<br>S u b I n v e s t i g a t o r # 1 N a m e<br>Sub Investigator |
| <b>Co-Investigator</b> |               | X<br>_____<br>S u b I n v e s t i g a t o r # 2 N a m e<br>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:  |
|----------|---------------|---|
|          |               | <p align="center">X</p> <hr/> <small>Service Chief Name</small><br><small>Service Chief Title</small> |
|          |               | <p align="center">X</p> <hr/> <small>Service Chief Name</small><br><small>Service Chief Title</small> |
|          |               | <p align="center">X</p> <hr/> <small>Service Chief Name</small><br><small>Service Chief Title</small> |
|          |               | <p align="center">X</p> <hr/> <small>Service Chief Name</small><br><small>Service Chief Title</small> |
|          |               | <p align="center">X</p> <hr/> <small>Service Chief Name</small><br><small>Service Chief Title</small> |

**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