



1. LAB NO.	2. APPLICATION NO.	3. REVIEW GROUP	4. REVIEW DATE	5. FACILITY NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. LOCATION HEALTH CARE FACILITY (VAMC, OPC, CITY, STATE)	7. SOCIAL SECURITY NO.	8. DATE OF LAST SUBMISSION -MR
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. PRINCIPAL INVESTIGATOR(S) (Last Name, First Name, M.I.)	DEGREE	TELEPHONE NUMBERS(S)
<input type="text"/>		

10. PROGRAM TITLE (72 Characters maximum)
<input type="text"/>

11. AMOUNT REQUESTED EACH YEAR					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1ST	2ND	3RD	4TH	5TH	TOTAL

12. VA EMPLOYMENT STATUS	13. VA SALARY SOURCE
<input type="radio"/> FULL TIME <input type="radio"/> PART TIME (/8 TIME) <input type="radio"/> CONSULTIN ___ HRS./WEEK <input type="radio"/> ATTENDING ___HRS./WEEK <input type="radio"/> WOC ___HRS. WEEK	<input type="checkbox"/> RESEARCH CC 103 <input type="checkbox"/> RESEARCH CC 104 <input type="checkbox"/> RESEARCH CC 105 <input type="checkbox"/> RESEARCH CC 110 <input type="checkbox"/> CAREER DEVELOPMENT CC 108 <input type="checkbox"/> PATIENT CARE <input type="checkbox"/> HSR&D <input type="checkbox"/> RR&D <input type="checkbox"/> OTHER VA

15. PROGRAM	COST CENTER
<input type="text"/>	<input type="text"/>

16. PRIMARY RESEARCH PROGRAM AREA	PRIMARY RESEARCH SPECIALTY AREA
<input type="text"/>	<input type="text"/>

17. VA HOSPITAL SERVICE AND SECTION
<input type="text"/>

18. ACADEMIC RANK, DEPARTMENT AND AFFILIATION
<input type="text"/>

19. PROGRAM USE (Each Item must have a response)														
HUMAN SUBJECTS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	INVESTIGATIONAL DRUGS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	RADIOISOTOPE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
ANIMAL SUBJECTS	<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

20. SUMMARY OF RESEARCH/ DEVELOPMENT SUPPORT FOR THREE PRIOR				
		TOTAL VA	TOTAL NON-VA	GRAND TOTAL
FY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. DATE ENTERED ON DUTY VA, OR EXPECTED DATE OF ENTRY VA
<input type="text"/>

SIGNATURE PRINCIPAL INVESTIGATOR(S)	Date
<input type="text"/>	<input type="text"/>

SIGNATURE ACOS FOR RESEARCH AND DEVELOPMENT	Date
<input type="text"/>	<input type="text"/>