

# MERIT REVIEW APPLICATION

1. LAB NO.	2. APPLICATION NO.	3. REVIEW GROUP	4. REVIEW DATE	5. FACILITY NO.		
6. LOCATION HEALTH CARE FACILITY (VAMC, OPC, CITY, STATE)			7. SOCIAL SECURITY NO.	8. DATE OF LAST SUBMISSION - MR		
9. PRINCIPAL INVESTIGATOR(S) (Last Name, First Name, M.I.)		DEGREE(	TELEPHONE NUMBER(S)			
10. PROGRAM TITLE (72 Characters maximum)						
11. AMOUNT REQUESTED EACH YEAR						
1ST	2ND	3RD	4TH	5TH	TOTAL	
12. VA EMPLOYMENT STATUS		13. VA SALARY SOURCE		14. TYPE PROGRAM		
<input type="checkbox"/> FULL TIME  <input type="checkbox"/> PART TIME ( _____ /8 TIME)  <input type="checkbox"/> CONSULTIN _____ HRS./WEEK  <input type="checkbox"/> ATTENDING _____ HRS./WEEK  <input type="checkbox"/> 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		<input type="checkbox"/> NEW  <input type="checkbox"/> ONGOING  <input type="checkbox"/> SUPPLEMENT  <input type="checkbox"/> NO. PROJECTS IN PROGRAM
15. PROGRAM			COST CENTER			
16. PRIMARY RESEARCH PROGRAM AREA			PRIMARY RESEARCH SPECIALTY AREA			
17. VA HOSPITAL SERVICE AND SECTION						
18. ACADEMIC RANK, DEPARTMENT AND AFFILIATION						
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"/> YE <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 _____	\$ _____	\$ _____	\$ _____			
F _____	\$ _____	\$ _____	\$ _____			
FY _____	\$ _____	\$ _____	\$ _____			
21. DATE ENTERED ON DUTY VA, OR EXPECTED DATE OF ENTRY VA						
SIGNATURE PRINCIPAL INVESTIGATOR(S)				DATE		
SIGNATURE ACOS FOR RESEARCH AND DEVELOPMENT				DATE		