

RESEARCH ADVISORY GROUP SUMMARY STATEMENT

1. REVIEW DATE	2. REVIEW GROUP (Leave blank)	3. FACILITY NO.	4. LOCATION HEALTH CARE FACILITY (VAMC, OPC, City, State)	
5. SOCIAL SECURITY NO.	6. DATE OF LAST RAG REVIEW (If a resubmission)	7. PRINCIPAL INVESTIGATOR (Last Name, First Name, MI)		DEGREE
TELEPHONE NO.				

8. PROGRAM TITLE (72 characters maximum)

9. AMOUNT REQUESTED EACH YEAR

1ST	2ND
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<p>10. VA EMPLOYMENT STATUS</p> <p><input type="checkbox"/> FULL TIME</p> <p><input type="checkbox"/> PART TIME (_____ /8 TIME)</p> <p><input type="checkbox"/> CONSULTING _____ HRS./WEEK</p> <p><input type="checkbox"/> ATTENDING _____ HRS./WEEK</p> <p><input type="checkbox"/> WOC _____ HRS./WEEK</p>	<p>11. VA SALARY SOURCE</p> <p><input type="checkbox"/> RESEARCH CC 103 <input type="checkbox"/> HSR/D</p> <p><input type="checkbox"/> RESEARCH CC105 <input type="checkbox"/> RR&D</p> <p><input type="checkbox"/> CAREER DEVELOPMENT CC108 <input type="checkbox"/> OTHER VA</p> <p><input type="checkbox"/> PATIENT CARE</p>	<p>12. DATE ENTERED ON DUTY VA:</p> <p>EXPECTED DATE MERIT REVIEW:</p>
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13. PROGRAM COST CENTER

14 PRIMARY RESEARCH PROGRAM AREA PRIMARY RESEARCH SPECIALTY AREA

15. VA HOSPITAL SERVICE AND SECTION

16. ACADEMIC RANK, DEPARTMENT AND AFFILIATION

17. 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

DO NOT WRITE IN THESE SPACES

RECOMMENDATION	PRIORITY SCORE	DURATION	FUNDING START DATE
RECOMMENDED FUNDS	1ST YEAR	2ND YEAR	TOTAL
RECURRING	\$	\$	\$
NONRECURRING	\$	\$	\$

SIGNATURE PRINCIPAL INVESTIGATOR	DATE
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SIGNATURE ACOS FOR RESEARCH AND DEVELOPMENT	DATE
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