



**VAMHCS Research Service  
R&D COMMITTEE**

**Worksheet for Submitting a Transaction for an  
Animal Research Project**

**Transaction Type**

- New Protocol    "Renewal" Old # \_\_\_\_\_    Annual Report    Amendment # \_\_\_\_\_
- IACUC Closure/Final Report    IACUC Closure, but project will remain open as "bench only"

**Funding**

- VA Grant Funded    BREF Funded or Administered    No Funding    University/Other

**Animal Housing**

- VAMHCS Animal Facility    University of MD Animal Facility    Other \_\_\_\_\_

**Laboratory Locations (check all that apply) Bldg. & Rm. #s**

- VAMHCS \_\_\_\_\_    University of MD \_\_\_\_\_    Other \_\_\_\_\_

**GENERAL INFORMATION**

<b>Principal Investigator</b>	
<b>PI's Phone &amp; E-mail Address</b>	
<b>Administrative Contact or Point of Contact</b>	
<b>Administrative Contact or Point of Contact's Phone &amp; E-mail</b>	
<b>IACUC Protocol Number</b>	
<b>Study Title</b>	
<b>Date <u>this action</u> was approved by IACUC</b>	
<b>If amendment, provide a short description of changes:</b>	

Module Name of Form	Required for: (PI check materials provided)				Submitted (Office use only)
	New Submission	Amendment	Annual Report	Closure/ Final Report	
Gray shaded areas no submission needed					
Approved IACUC protocol					
Approved VA Mapping Table or ACORP (if VA funded)					
Approved Amendment					
Annual Report					

**IACUC Number -**

Module Name of Form	Required for: (PI check materials provided)				Submitted (Office use only)
	New Submission	Amendment	Annual Report	Closure/ Final Report	
<b>Gray shaded areas no submission needed</b>					
<b>Closure/Final Report</b>					
<b>IACUC Approval letter</b>					
<b>VA Form 10-0398 “Research Protocol Safety Survey” (RPSS) (Submit electronically to SRS, must be approved by SRS before project will receive R&amp;D approval)</b> (Annual updates of RPSS are required and you will be reminded of the due date by Peggy Wess)	The form must be submitted electronically to SRS	[if applicable] Do not submit new RPSS unless safety procedures have changed	SRS will notify you when annual update is due. Do not submit here		
<b>PI status at VA</b> <input type="checkbox"/> VA Employee <input type="checkbox"/> WOC					
<b>Is PI new to research at the Baltimore VA?</b> N <input type="checkbox"/> Y <input type="checkbox"/> eCommons ID # _____ <i>If yes, complete ePromise page 18 (Obtain from R&amp;D coordinator) and provide eCommons ID #</i>					
<b>VA Conflict of Interest:</b> form must be on file in Research Office for <b>each study</b>					
<b>Data Inventory-</b> form must be on file for each study					

**The section below must be completed for all New Projects, Annual Reports, or Amendments that add team members**

\*\*If this study is a collaborative project and there are team members who do not participate on the VA portion of the study **they should be listed here as “UM/Non VA only”** and no other info on status, trainings or Scope of Practice is required.

Confirmation of required items for study team members: **Status, Required Trainings** and **Scope of Practice**

Principal Investigator, Sub-investigators, and <u>ALL</u> Research Team Members  (include everyone listed in your IACUC submission)	Status of Team Member		<u>VA Privacy and Information Security Awareness and Rules of behavior</u>  (required annually)	<u>CITI IACUC Training</u>  (required every 3 years)	<u>Scope of Practice</u>  (copy should be on file in Research Office and also with study staff records)
	VA Paid Staff	WOC (List expiration date on most recent WOC appointment letter)	Date Completed	Date Completed	Date ACOS signed

I confirm that this is a complete list of all staff for this animal research project and that all VA required trainings are current and Scopes of Practice are on file.

Principal Investigator \_\_\_\_\_

Date \_\_\_\_\_