

APPROVAL FOR INITIATING PROPOSED VAMHCS RESEARCH PROJECT

PI:

Email:

List all involved VAMHCS Clinical Services:

VA Status: **VA Paid (full time)** **VA Paid (Part time)** **WOC** **Contract/Fee**

Study title:

1. In the space below, please provide a succinct description of your proposed research project at the VA Maryland Health Care System (VAMHCS) (150 words or less):

2. Please indicate all sites at which the research will be conducted:

VA **UMB** **Other:** _____

3. Please list all research procedures or resources required for each site, **Include time of staff, space and clinical resources:**

VA:

UMB:

Other (Indicate site):

4. List all funding sources. If the project is unfunded, indicate 'none':

5. VAMHCS Service Chief Review and Labor Mapping Assignment:

The above research project is an appropriate use of VAMHCS Time:

The project is funded/or proposed for funding by VA Office of Research and Development (VA Merit Award, VA-funded clinical trial or Cooperative Study), or is supported by other sources of VA funding.

The project is funded/proposed for funding by a grant or contract administered through the Baltimore Research and Education Foundation (BREF)

The project is funded/proposed for funding by non-VA sources and administered elsewhere because:

The project is unfunded but should be undertaken at the VAMHCS because:

I support the assignment of ____% FTE effort to this assignment and will adjust clinical and administrative responsibilities of the investigator accordingly.

(VAMHCS Service Chief Signature)

(VAMHCS Service)

(VAMHCS Service Chief Signature)

(VAMHCS Service)

6. ACOS/R&D Review:

(ACOS/R&D signature)

This form can also be found at:

https://www.maryland.va.gov/research/human/human_subject_forms.asp