

SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH

Grant Review Form

PI Name		Degree(s)
Email	Mailstop	Phone #
VA Title	VA Service	/8ths <input type="checkbox"/> VA-Salaried or <input type="checkbox"/> WOC
Univ. Title	Univ. Dept.	School

Project Title		
This application is <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Competitive Renewal <input type="checkbox"/> Resubmission <input type="checkbox"/> Supplement		
Funding Source (Sponsor)		Sponsor Indirect Cost Rate %
Project Period <u>6</u>	PI Effort %	Year 1 Direct Cost Total \$
Relevance to VA		

Indicate if the proposal will involve the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No Multiple sites performing human subjects research
<input type="checkbox"/> Yes <input type="checkbox"/> No Human Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No Radioactive Materials Use
<input type="checkbox"/> Yes <input type="checkbox"/> No Animal Use	<input type="checkbox"/> Yes <input type="checkbox"/> No Recombinant DNA
<input type="checkbox"/> Yes <input type="checkbox"/> No Children Subjects (<i>under 18 years old</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No Select Agents/Toxins
<input type="checkbox"/> Yes <input type="checkbox"/> No Investigational Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No Biohazards
<input type="checkbox"/> Yes <input type="checkbox"/> No Investigational Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No Prohibited Research
<input type="checkbox"/> Yes <input type="checkbox"/> No Tissue Banking? Will biological specimens be banked? If yes: will specimens <input type="checkbox"/> be added to an existing bank or <input type="checkbox"/> form a new bank? <i>If you will be using a tissue bank that is not already VA approved, VACO approval is required.</i>	

VA Clinical Services for Research to be used, if any, over and above standard care:		
<input type="checkbox"/> Yes <input type="checkbox"/> No Pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No Cardiology	<input type="checkbox"/> Yes <input type="checkbox"/> No Nursing
<input type="checkbox"/> Yes <input type="checkbox"/> No Laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No Radiology	<input type="checkbox"/> Yes <input type="checkbox"/> No Other Clinic/Service

VAPSHCS R&D Core Services to be used:		
<input type="checkbox"/> None	<input type="checkbox"/> Medical Genomics Lab	<input type="checkbox"/> Animal Care
<input type="checkbox"/> Molecular Biology	<input type="checkbox"/> Clinical Research Unit	<input type="checkbox"/> Animal Surgery
<input type="checkbox"/> Tissue Culture	<input type="checkbox"/> Histology	<input type="checkbox"/> Mass Spectrometry
<input type="checkbox"/> Imaging/Confocal		

Research will be conducted at <input type="checkbox"/> Seattle <input type="checkbox"/> American Lake <input type="checkbox"/> Spokane in: Bldg _____ Room(s) _____	
Is additional space required for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No Are engineering changes required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>This is NOT a commitment of space; space and engineering changes must be approved by the VA Space Committee.</i>	

	Office Use Only
Principal Investigator Signature _____ Date _____ This signatures assures:	
<ol style="list-style-type: none"> 1) That the information submitted pertaining to and within the grant application listed above is true, complete, and accurate to the best of my knowledge; 2) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties; and 3) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application. 4) I agree to notify SIBCR immediately but no later than thirty (30) days following the identification of a significant financial interest that may conflict with the work to be carried out under this award and to comply with all applicable regulations in managing, reducing, or eliminating any conflict. 	Service Chief Signature _____ Date _____ SIBCR Authorized Official Signature / Date _____ SIBCR Tracking ID: _____