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|---|
| BIF #: _____ Initiator: _____ (Biostatistics and Informatics Facility Use Only) |
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**BIostatISTICS AND INFORMATICS FACILITY
 CENTER FOR INTEGRATIVE ENVIRONMENTAL HEALTH SCIENCES**

CIEHS MEMBER MAKING REQUEST: _____

DATE OF REQUEST: _____

PROJECT TITLE: _____

Deadline for submission: _____

Does this Project involve collaboration with other CIEHS members? Yes No

Does this Project involve collaboration with Community members? Yes No

Please check the following:

| Source of funds for research: | | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Pilot Project Program | ITEMFC Research Voucher | IHSFC Voucher | Individual Grant | None |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CIEHS Research Interest Group (RIG): | | |
|---|--------------------------|--------------------------|
| Cancer | MOT | Neuro |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Type of Collaboration: | | |
|-------------------------------|--------------------------|--------------------------|
| Design Study | Data Analysis | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Study Type: | | | |
|---|--|----------------------------|--------------------------|
| Pre-Clinical: <i>In vitro</i> Cell Culture | Pre-Clinical: <i>In vivo</i> Animal | Human Samples/ Subjects | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IRB APPROVAL

Does this research require IRB Approval?

If yes, does this research:

(1) Involve a retrospective chart/records review of information or data already existing? Yes No

(2) Ask a question other than an objective explicitly stated in the original research protocol? Yes No

If yes to (1) **OR** (2) above, a copy of IRB/SSMRR approval **must** be attached for work to begin on this project.

Approval: _____
Print/Type
Signature
 (Project must be approved by the appropriate Program Head)

BRIEF STATEMENT OF PROJECT (OR ATTACH ELECTRONIC FILE):