

IHSFC #: _____ Initiator: _____
 (Integrated Health Science Facility Use Only)

Translational Research Support Core (TRSC)
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	OEFC Research Voucher	TRSC 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"/>

Need Assistance with:							
Translational Research	Geospatial	Epidemiology	Human Subjects Research (CTU/KCPCRU)	Biorepository	Animal Models	Regulatory inclusive of IRB	Letter of support for grant submission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approval: _____

Print/Type

Signature

(Project must be approved by the appropriate Program Head)

BRIEF STATEMENT OF PROJECT (OR ATTACH ELECTRONIC FILE):