

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):		
PEHE	MTT	EHC
<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):**