

CIEHS OEFC RESEARCH VOUCHER PROGRAM APPLICATION COVER PAGES

1. Title of Project:

*Character limit of 81

2. Principal Investigator (list the name of the one person responsible for the scientific and ethical conduct of the project):

2(a) Academic Rank/Position Title:

2(b). Department of Primary Appointment:

2(c) Telephone number:

2(d) Email address:

3. Collaborator(s):

4. Dates of Project (indicate beginning and ending dates for the project): —

5. Performance Sites (list site(s), building and rooms, where the work will be performed):

6. Budget (indicate the total amount requested):

7. Compliance and Training: Please complete the following table to address status of compliance and training of personnel involved in the research.

	Yes	No	Internal Review/ Registration No.	Status (approved, submitted, pending)
a. Human subjects?			IRB	
b. Experimental animals?			IACUC	
c. Ionizing radiation devices/isotopes?				
d. Recombinant DNA?				
e. Pathogenic organisms?				
f. CDC/USDA Select Agents?				
g. Human blood, tissue, cell lines. OPIM?				
h. Highly toxic, carcinogenic, mutagenic agents?				

Note: The P.I. is responsible for complying with University safety rules, policies and procedures.

10. Award Type:

- Small *If chosen, please check response to manuscript review or response to study section
 - Response to manuscript review critiques
 - Response to study section critiques
- Medium
- Large

11. Research Interest Group (RIG): Indicate the RIG(s) by checking the appropriate choice(s).(Check all that apply and elaborate.)

Cancer

Multi-Organ Toxicology

Neurodevelopmental Toxicology

Not selected. Administratively
assigned by ITEMFC to:

*Administrative Use Only

SIGNATURES:

Principal Investigator: _____ Date: _____

The Principal Investigator certifies that this is a new project which is not being considered for other intramural funding. The undersigned agrees to accept responsibility for the scientific and ethical conduct of the project.