

SPHIS-SOM JOINT PILOT PROJECT PROGRAM APPLICATION COVER PAGES

1. Contact PI, First and Last Name:

2. Title of Project:

3. Principal Investigator/SOM (SOM faculty responsible for the scientific and ethical conduct of the project):

3(a) Name/Academic Rank/Position Title:

3(b). Department of Primary Appointment:

3(c) Telephone number:

3(d) Email address:

4. Principal Investigator/SPHIS (SPHIS faculty responsible for the scientific and ethical conduct of the project):

4(a) Name/Academic Rank/Position Title:

4(b). Department of Primary Appointment:

4(c) Telephone number:

4(d) Email address:

5. Collaborator(s):

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

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7. Budget (indicate the total amount requested, up to \$75,000)

8. Compliance and Training: Will project use:

	Yes	No	Internal Review/ Registration No. <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div>	Status (approved, submitted, pending)
a. Human subjects?	<input type="checkbox"/>	<input type="checkbox"/>	IRB	
b. Experimental animals?	<input type="checkbox"/>	<input type="checkbox"/>	IACUC	
c. Ionizing radiation devices/isotopes?	<input type="checkbox"/>	<input type="checkbox"/>		
d. Recombinant DNA?	<input type="checkbox"/>	<input type="checkbox"/>		
e. Pathogenic organisms?	<input type="checkbox"/>	<input type="checkbox"/>		
f. CDC/USDA Select Agents?	<input type="checkbox"/>	<input type="checkbox"/>		
g. Human blood, tissue, cell lines. OPIM?	<input type="checkbox"/>	<input type="checkbox"/>		
h. Highly toxic, carcinogenic, mutagenic agents?	<input type="checkbox"/>	<input type="checkbox"/>		

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

SIGNATURES:

Principal Investigator/SPHIS: _____ Date: _____

Principal Investigator/SOM: _____ Date: _____

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

Department Chair/SOM _____ Date _____

Department Chair/SPHIS _____ Date _____