

ADMINISTRATIVE DETAILS FORM

PRINCIPAL/PRIMARY INVESTIGATOR:

Please indicate whether you are: Faculty Student Service Provider

Name _____
Appointment (if applicable): _____
Credentials: _____
Organization/Department _____
Mailing Address _____ Postal Code _____
Phone _____ Fax _____ Email _____

If student, degree sought _____
University _____
College _____
Other _____

CO-INVESTIGATORS:

Are Co-Investigators involved: YES NO

Name _____
Organization/Department _____
Mailing Address _____ Postal Code _____
Phone _____ Fax _____ Email _____

PREVIOUS REVIEWS:

All applications must receive Tri-Council REB approval prior to submission of application

Indicate in which organization this review took place

PROJECT START/END DATES:

Indicate the anticipated start date for this project: _____
Indicate the anticipated end date for this project: _____

FUNDING AGENCY/SPONSOR:

Has this project been submitted to an external organization for funding? YES NO

If YES, has it been funded? YES NO

If YES, provide the full name of the organization(s)

If **NO**, will this project be submitted to an external organization for funding? YES NO

If **YES**, is ethics approval required at the time of application? YES NO

If **YES**, provide the full name of the organization

Does the funding organization prohibit/restrict publication? YES NO

INVESTIGATORS' UNDERTAKING:

As an investigator on this project, my signature testifies that I will ensure that all procedures performed under the project will be conducted in accordance with VHA Policies and Procedures which govern research on human subjects. Any deviation from this project, as originally approved will be submitted to the VHA's Research Ethics Committee (REB) for approval prior to implementation. A final report will be submitted to the Committee on the completion of this project.

Signature of Principal/Primary Investigator

Date