1. Principal Investigator/Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

*Last First MI Degree*

2. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXT: \_\_\_\_\_ 3. Mail Code: \_\_\_\_

4. VA Appointment: \_\_\_ Full-time \_\_\_Part-time \_\_\_ WOC \_\_\_IPA

5. Status of PI in Proposal: \_\_\_\_\_\_ *(01=Awardee or Initiator 02=Not Awardee; i.e., Participant in VA CO-OP Study)*

6. Type of Submission: \_\_\_ New \_\_\_ Renewal of Active Project

*(Check one)*

*If Renewal, complete a and b: a ) Enter 4-digit number of active project \_\_\_\_\_\_ b) Has title changed? \_\_\_ Yes \_\_\_ No*

7. Project Title:

*(142 characters maximum)*

8. Abstract: *(Submit in IRB Manager on Abstract form which can be found on the ETSU IRB Website)*

9. Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

**Note: If this is your First Research submitted at this Medical Center, please also submit an Investigator Data Sheet (Page 18) and a personal Data Form. The same applies to co-principal investigators who have not submitted these forms.**

10. Principal Investigator’s Service Chief Attestation:  **(Signature and Date required)**

**Attestation: If you wish to proceed and make the following attestation: that this proposal has been reviewed for scientific merit and that adequate resources are available to protect participant rights and welfare, sign this form.**

Help text:

Scholarly or scientific review of proposed research addressed the following issues:  
- Does the research use procedures consistent with sound research design?  
- Is the research design sound enough to yield the expected knowledge?  
  
As Service Chief/Department Chair, you are in the best position to evaluate the adequacy of resources available to researchers. In making this determination, you will need to evaluate several factors, including the following:  
-Is there access to a population that will allow recruitment of the number of participants required  to complete the study within the proposed recruitment period?   
-Is there sufficient time to conduct and complete the research within the agreed research period?    
-Are there adequate numbers of qualified staff for the foreseen duration of the research?   
-Are there adequate facilities for the foreseen duration of the research?  
-Is there a process to ensure that all persons assisting with the research are adequately informed about the protocol and their research-related duties and functions?  
-Is there availability of medical or psychological resources that participants might require as a consequence of the research?

Service Chief \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Section/Dept

“I have reviewed this project and determined that this department has resources necessary to support this research in a way that will protect the rights and welfare of participants.”

11a. **Institutional Support:** *(Mark each item. If Yes, a letter of support/collaboration must be attached to this form.)*

Laboratory\* \_\_\_ Yes \_\_\_ No Medicine\* \_\_\_ Yes \_\_\_ No Pharmacy\* \_\_\_ Yes \_\_\_ No

Radiology\* \_\_\_ Yes \_\_\_ No Nuclear medicine\* \_\_\_ Yes \_\_\_ No Nursing\* \_\_\_ Yes \_\_\_ No

Psychiatry\* \_\_\_ Yes \_\_\_ No Outpatient\* \_\_\_ Yes \_\_\_ No Surgery\* \_\_\_ Yes \_\_\_ No

Other\* \_\_\_ Yes \_\_\_ No Lab Space \_\_\_ Yes \_\_\_ No

Budget page \_\_\_ Yes \_\_\_ No

11b. **Institutional Approvals:** (*Service Chief Signatures and dates as appropriate)*

Service Chief \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Section/Dept.

“I have reviewed this project and determined that this department has resources necessary to support this research in a way that will protect the rights and welfare of participants.”

Service Chief \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Section/Dept

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Signature Date Section/Dept

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11. Comments: