

MERIT REVIEW BOARD SUMMARY STATEMENT

1. TAB NO.	2. APPLICATION NO.	3. REVIEW GROUP	4. REVIEW DATE	5. FACILITY NO.
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6. LOCATION HEALTH CARE FACILITY (VAMC, OPC, CITY, STATE)	7. SOCIAL SECURITY NO.	8. DATE OF LAST SUBMISSION MERIT REVIEW
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9. PRINCIPAL INVESTIGATOR(S) (Last Name, First Name, M.I.)	DEGREE(S)	TELEPHONE NO.
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10. PROGRAM TITLE (72 CHARACTERS MAXIMUM)

11. AMOUNT REINVESTED EACH YEAR

1ST	2ND	3RD	4TH	5TH	TOTAL
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<p>12. VA EMPLOYMENT STATUS</p> <p><input type="checkbox"/> FULL TIME</p> <p><input type="checkbox"/> PART TIME _____ /8 TIME)</p> <p><input type="checkbox"/> CONSULTING _____ HRS./WEEK</p> <p><input type="checkbox"/> ATTENDING _____ HRS./WEEK</p> <p><input type="checkbox"/> WOC _____ HRS./WEEK</p>	<p>13. VA SALARY SOURCE</p> <p><input type="checkbox"/> RESEARCH CC103</p> <p><input type="checkbox"/> RESEARCH CC104</p> <p><input type="checkbox"/> RESEARCH CC105</p> <p><input type="checkbox"/> RESEARCH CC110</p> <p><input type="checkbox"/> CAREER DEVELOPMENT</p> <p><input type="checkbox"/> PATIENT CARE</p> <p><input type="checkbox"/> HSR&D</p> <p><input type="checkbox"/> RR&D</p> <p><input type="checkbox"/> OTHER VA</p>	<p>14. TYPE PROGRAM</p> <p><input type="checkbox"/> NEW</p> <p><input type="checkbox"/> ONGOING</p> <p><input type="checkbox"/> SUPPLEMENT</p> <p><input type="checkbox"/> NO, PROJECTS IN PROGRAM</p>
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15. PROGRAM	COST CENTER
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16. PRIMARY RESEARCH PROGRAM AREA	PRIMARY SPECIALTY AREA
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17. VA HOSPITAL SERVICE AND SECTION

18. ACADEMIC RANK, DEPARTMENT AND AFFILIATION

RECOMMENDATION	PRIORITY SCORE	DURATION	RENEWAL DATE	FUNDING START DATE
FUNDS NOT SUBJECT TO PRIORITY REDUCTION		FUNDS SUBJECT TO PRIORITY REDUCTION	TOTAL FUNDING RECOMMENDED BY MERIT REVIEW	TOTAL FUNDING AFTER PRIORITY REDUCTION
YEAR	EQUIPMENT			
1ST				
2ND				
3RD				
4TH				
5TH				

PROGRAM REVIEW STAFF COMMENTS

DO NOT WRITE IN THESE SPACES