Department of Veterans Affairs MERIT R			EVIEW APPLICATION			
1. LAB NO.	2. APPLICATION NO. 3. REVIEW GR		IP	4. REVIEW DATE		5. FACILITY NO.
6. LOCATION HEALTH CARE FACILITY (VAMC, OPC, CITY, STATE) 7. SOCIAL SECURITY NO.						8. DATE OF LAST SUBMISSION- MR
9. PRINCIPAL INVESTIGATOR(S) (Last Name, First Name, M.i.) DEGREE TELEPHONE NUMBERS(S)						
10. PROGRAM TITLE (72 Characters	maximum)					
11. AMOUNT REQUESTED EACH YE	AR					
1ST 2 12. VA EMPLOYMENT STATUS	2ND 3RE 13. VA SALARY SOU		4TH	5	ітн	TOTAL
FULL TIME	RESEA	RCH CC 103	PATIENT CARE			
PART TIME (/8 TIME)	RESEA	ARCH CC 104	HSR&D			
CONSULTIN HRS./W		ARCH CC 105				
		ER DEVELOPMENT CC 108				
15. PROGRAM			COST CENTER			
16. PRIMARY RESEARCH PROGRAM AREA PRIMARY RESEARCH S				CH SPECIALTY ARE	A	
17. VA HOSPITAL SERVICE AND SECTION						
18. ACADEMIC RANK, DEPARTMENT AND AFFILIATION						
19. PROGRAM USE (Each Item must h	nave a response)					
HUMAN SUBJECTS	YES NO INVE	STIGATIONAL DRUGS	YES	NO RA	DIOISOTOPE	YES NO
ANIMAL SUBJECTS	YES NO INVES		YES	NO B	IOHAZARDS	YES NO
20. SUMMARY OF RESEARCH/ DEVELOPMENT SUPPORT FOR THREE PRIOR TOTAL VA TOTAL NON-VA GRAND TOTAL						
FY						GRAND TOTAL
			L			
F						
FY						
21.DATE ENTERED ON DUTY VA, OR EXPECTED DATE OF ENTRY VA						
SIGNATURE PRINCIPAL INVESTIGATOR(S)						Date
SIGNATURE ACOS FOR RESEARCH AND DEVELOPMENT						Date