

REDACTED AREA

USUHS FORM 3202
STUDENT and RESIDENT PHYSICIAN
RESEARCH PROTOCOL

Protocol No.: _____

Student/Resident Investigator: _____

USUHS Department: _____

USUHS Building and Room Number: _____

Off-site Address: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Research Advisor: _____

Research Advisor's Department: _____

Research Advisor's Telephone: _____

1. Type of Student/Resident Physician

Graduate Student (Ph.D.) or (Dr.P.H.) year 1 or 2 of the project (select one)

Graduate Student (Masters)

Medical Student

Nursing Masters Student year 1 or 2 of the project (select one)

Physician Assigned for Graduate Medical Education Project Award (billeted resident physician) USUHS Billet Number: _____

2. Project Information

➤ Percent Effort: (the percentage of time you will devote to this project; effort on awarded projects and other activities may not exceed 100%) _____

➤ Anticipated Period of Performance: Project Start: _____ Project End: _____

➤ Performance Sites: (List all sites where your research will be performed)

➤ Is this research project related to an active research project of the advisor identified above? If yes, answer A-D below; if no, proceed to Number 3. Yes No

A. Protocol Number: _____

B. Project Title: _____

C. Is the project an active protocol? Yes No

D. Project End Date _____

3. Summary of Research Plan: (Attach thesis proposal or research summary. The research summary should include background, hypothesis, methodology and data analysis to be used).

4. USUHS Assurance Committee

A.	Does this project involve human subjects (including human tissues or fluids, and/or survey)? If yes, answer 1 and 2 below; if no, proceed to B.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	1. The proposed protocol is <u>specifically</u> covered in all relevant details by the preexisting IRB approvals of your advisor's protocol identified in 2A and therefore, requires no additional approvals. If yes, attach a copy of the USUHS approval letter and, if appropriate, a copy of the approved informed consent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. The proposed protocol is <u>not specifically</u> covered in all relevant details by the preexisting approvals of my advisor and a new completed Request for IRB Approval (USUHS Form 3204) is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Does this project involve vertebrate animals? yes, answer 1 and 2 below; if no, proceed to C.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	1. The proposed protocol is <u>specifically</u> covered by the preexisting IACUC approvals of the advisor's protocol identified in 2A.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, have you submitted a USUHS Form 3206C to DLAM to obtain a conveyance approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	What is your advisor's approved Animal Protocol Number (APN)?		
	2. The proposed protocol is <u>not specifically</u> covered by the preexisting approvals and will require an IACUC approval and a completed USUHS Form 3206 has been/will be submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.	Does this project involve the use of biohazards, controlled or dangerous materials? If yes, answer 1 and 2 below; if no, proceed to D.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	1. The proposed protocol is <u>specifically</u> covered by the preexisting BCD approval of your advisor's protocol identified in 2A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. The proposed protocol is <u>not specifically</u> covered by the preexisting approvals and will require a BCD approval and a completed USUHS Form 3207a is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Does this project involve the use of radioactive material? If yes, answer 1 and 2 below; if no, proceed to Section 4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	1. The proposed protocol is <u>specifically</u> covered by the preexisting RSC approval of your advisor's protocol identified in 2A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. The proposed protocol is <u>not specifically</u> covered by the preexisting approvals and will require a RSC approval and a completed USUHS Form 3205 is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Funding Information (See USUHS Instruction 3200 for budget limitations)

What is the funding source for this project?

- Graduate Education Office
- Graduate School of Nursing
- Department/Program → Department/Program Name: _____
- External Agency → Agency Name: _____
- Other → Specify: _____

6. Budget

Supplies (Include animal costs and per diem)	
a.	
b.	
c.	
Small Equipment	
a.	
b.	
c.	
Other Expenses (Specify) (May not include non-mission essential travel, secretarial/administrative support, or scientific conferences)	
a.	
b.	
c.	
Total Supplies, Equipment and Other Expenses	

7. The following signatures attest to the validity of the above information:

Typed Name

Signature

Date

Student/Resident Investigator:

Research Advisor:

8. Other Approvals:

Department Chair/Program Director:

If: Graduate Student

Associate Dean for Graduate Education:

Cinda J. Helke, Ph.D.

Nursing Student

Dean, Graduate School of Nursing:

Patricia Hinton Walker, Ph.D., RN

Medical Student

Associate Dean for Student Affairs:

Richard M. MacDonald, M.D.

Dean, School of Medicine:

Larry W. Laughlin, M.D., Ph.D.

Physician Assigned for Graduate Medical Education

Associate Dean for Graduate Medical Education:

Howard E. Fauver, Jr., M.D.

9. In light of the above signatures, the project is approved.

Vice President for Research:

Steven G. Kaminsky, Ph.D.
