

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

➤ **Project Title:** _____

➤ **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; limit to 2 pages; 12 point font).

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:

Eleanor S. Metcalf, 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.
