



# RESEARCH APPLICATION

## PRINCIPAL INVESTIGATOR:

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |                      |                      | <input type="text"/> |
| NAME AND TITLE       |                      |                      | AFFILIATION          |
| <input type="text"/> |                      |                      | <input type="text"/> |
| ADDRESS              |                      |                      | PHONE                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CITY                 | STATE                | ZIP                  | E-MAIL               |

## CO-PRINCIPAL INVESTIGATOR:

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |                      |                      | <input type="text"/> |
| NAME AND TITLE       |                      |                      | AFFILIATION          |
| <input type="text"/> |                      |                      | <input type="text"/> |
| ADDRESS              |                      |                      | PHONE                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CITY                 | STATE                | ZIP                  | E-MAIL               |

Send correspondence to (check one):  PI only  PI and Co-PI  PI and contact person below:

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |                      |                      | <input type="text"/> |
| NAME AND TITLE       |                      |                      | INSTITUTION          |
| <input type="text"/> |                      |                      | <input type="text"/> |
| ADDRESS              |                      |                      | PHONE                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CITY                 | STATE                | ZIP                  | E-MAIL               |

Application type:  New application  New expedited review

STUDY TITLE

Check here and attach copy of the study protocol.

## IRB/CHR APPROVALS:

Name and institution:  UCSF  Western IRB  Other   
NAME OF OTHER

Attach copy of approval letter.  Attach copy of approved consent form.

HIPAA training. (PI only)  DATE  Attach copy of certification.

Ethical conduct of research training. (PI only)  DATE  Attach copy of certification.

How many subjects will be enrolled?  Will subjects be paid?  Yes  No



**STUDY PROCEDURES:**

[Empty text box for study procedures]

Check here and use continuation sheet (page 3) if necessary.

**INVESTIGATIONAL DRUGS AND DEVICES:**

[Empty text box] INVESTIGATIONAL DRUG/DEVICE      [Empty text box] FDA IND/IDE NUMBER

[Empty text box] INVESTIGATIONAL DRUG/DEVICE      [Empty text box] FDA IND/IDE NUMBER

[Empty text box] INVESTIGATIONAL DRUG/DEVICE      [Empty text box] FDA IND/IDE NUMBER

**APPROVED DRUGS AND DEVICES:**

[Empty text box] APPROVED DRUG/DEVICE      [Empty text box] FDA IND/IDE NUMBER

[Empty text box] APPROVED DRUG/DEVICE      [Empty text box] FDA IND/IDE NUMBER

[Empty text box] APPROVED DRUG/DEVICE      [Empty text box] FDA IND/IDE NUMBER

**FUNDING:** Will the study be funded?  Yes  Pending  No

Will Jewish Home staff be used?  Yes  No

[Empty text box for funding details]

IF YES, ADDRESS STAFFING NEEDS

Check here and use continuation sheet (page 3) if necessary.

Will the Jewish Home receive funds?  Yes  No

[Empty text box] NAME OF SPONSOR      [Empty text box] AWARD NUMBER

Sponsor is (check all that apply):  Federal Government  Other Government  
 Pharmaceutical device company  Other private  Foundation  Institution

[Empty text box] PRINCIPAL INVESTIGATOR'S SIGNATURE      [Empty text box] DATE

Fax signed applications to: 415.406.1566, or  
E-mail digitally-signed applications to: szabalza@jhsf.org, or  
Mail to: Research / Jewish Home / 302 Silver Avenue / San Francisco, CA 94112



CONTINUATION SHEET

**STUDY PROCEDURES:**

**STAFFING NEEDS:**