

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

<input type="text"/>
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:

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

INVESTIGATIONAL DRUGS AND DEVICES:

<div style="border: 1px solid black; height: 20px;"></div> INVESTIGATIONAL DRUG/DEVICE	<div style="border: 1px solid black; height: 20px;"></div> FDA IND/IDE NUMBER
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APPROVED DRUGS AND DEVICES:

<div style="border: 1px solid black; height: 20px;"></div> APPROVED DRUG/DEVICE	<div style="border: 1px solid black; height: 20px;"></div> FDA IND/IDE NUMBER
<div style="border: 1px solid black; height: 20px;"></div> APPROVED DRUG/DEVICE	<div style="border: 1px solid black; height: 20px;"></div> FDA IND/IDE NUMBER
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FUNDING: Will the study be funded? Yes Pending No

Will Jewish Home staff be used? Yes No

IF YES, ADDRESS STAFFING NEEDS

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

Will the Jewish Home receive funds? Yes No

<div style="border: 1px solid black; height: 20px;"></div> NAME OF SPONSOR	<div style="border: 1px solid black; height: 20px;"></div> AWARD NUMBER
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Sponsor is (check all that apply): Federal Government Other Government
 Pharmaceutical device company Other private Foundation Institution

<div style="border: 1px solid black; height: 20px;"></div> PRINCIPAL INVESTIGATOR'S SIGNATURE	<div style="border: 1px solid black; height: 20px;"></div> DATE
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Fax signed applications to: 415.406.1566, or
E-mail digitally-signed applications to: jhresearch@jhsf.org, or
Mail to: Research / Jewish Home / 302 Silver Avenue / San Francisco, CA 94112

A beneficiary of the San Francisco-based Jewish Community Federation and of the Jewish Home & Senior Living Foundation.

CONTINUATION SHEET**STUDY PROCEDURES:****STAFFING NEEDS:**