Department of Veterans Affairs

MERIT REVIEW APPLICATION

1. LAB NO.	2. APPLICATION NO.	3. REVIEW GROUP	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 YEAR

1ST	2ND	3RD	4TH	5TH	TOTAL

12. VA EMPLOYMENT STATUS

- ◯ FULL TIME
- ◯ PART TIME (___ /8 TIME)
- ◯ CONSULTIN ____ HRS./WEEK
- ◯ ATTENDING ____ HRS./WEEK
- ◯ WOC ____ HRS. WEEK

13. VA SALARY SOURCE

- ☐ RESEARCH CC 103
- ☐ RESEARCH CC 104
- ☐ RESEARCH CC 105
- ☐ RESEARCH CC 110
- ☐ CAREER DEVELOPMENT CC 108
- ☐ PATIENT CARE
- ☐ HSR&D
- ☐ RR&D
- ☐ OTHER VA

15. PROGRAM	COST CENTER

16. PRIMARY RESEARCH PROGRAM AREA	PRIMARY RESEARCH SPECIALTY AREA

17. VA HOSPITAL SERVICE AND SECTION

18. ACADEMIC RANK, DEPARTMENT AND AFFILIATION

19. PROGRAM USE (Each Item must have a response)

HUMAN SUBJECTS	☐ YES ☐ NO	INVESTIGATIONAL DRUGS	☐ YES ☐ NO	RADIOISOTOPE	☐ YES ☐ NO
ANIMAL SUBJECTS	☐ YES ☐ NO	INVESTIGATIONAL DEVICES	☐ YES ☐ NO	BIOHAZARDS	☐ YES ☐ NO

20. SUMMARY OF RESEARCH/ DEVELOPMENT SUPPORT FOR THREE PRIOR

		TOTAL VA	TOTAL NON-VA	GRAND TOTAL
FY				
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

VA FORM **10-1313-1**
DEC 2006