



MERIT REVIEW APPLICATION

1. TAB 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 MERIT REVIEW	
9. PRINCIPAL INVESTIGATOR(S) (Last Name, First Name, M.I.)		DEGREES	TELEPHONE NO.		
10. PROGRAM TITLE (72 CHARACTERS MAXIMUM)					
11. AMOUNT REQUESTED EACH YEAR					
1ST \$	2ND \$	3RD \$	4TH \$	5TH \$	TOTAL \$
12. VA EMPLOYMENT STATUS		13. VA SALARY SOURCE		14. TYPE PROGRAM	
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> RESEARCH CC103	<input type="checkbox"/> PATIENT CARE	<input type="checkbox"/> NEW	
<input type="checkbox"/> PART TIME (/8 TIME)		<input type="checkbox"/> RESEARCH CC104	<input type="checkbox"/> HSR&D	<input type="checkbox"/> ONGOING	
<input type="checkbox"/> CONSULTING	HRS/WEEK	<input type="checkbox"/> RESEARCH CC105	<input type="checkbox"/> RR&D	<input type="checkbox"/> SUPPLEMENT	
<input type="checkbox"/> ATTENDING	HRS/WEEK	<input type="checkbox"/> RESEARCH CC110	<input type="checkbox"/> COOP.STUDIES	<input type="checkbox"/> TYPE II	
<input type="checkbox"/> WOC	HRS/WEEK	<input type="checkbox"/> CAREER DEVELOPMENT CC 108	<input type="checkbox"/> OTHER VA	<input type="checkbox"/> NO . PROJECTS IN PROGRAM	
15. PROGRAM			COST CENTER		
16. PRIMARY RESEARCH PROGRAM AREA			PRIMARY SPECIALTY AREA		
17. VA HOSPITAL SERVICE AND SECTION					
19. ACADEMIC RANK, DEPARTMENT AND AFFILIATION					
19. PROGRAM USE (Each item must have a response)					
HUMAN SUBJECTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATIONAL DRUGS	<input type="checkbox"/> YES <input type="checkbox"/> NO	RADIOISOTOPES	<input type="checkbox"/> YES <input type="checkbox"/> NO
ANIMAL SUBJECTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATIONAL DEVICES	<input type="checkbox"/> YES <input type="checkbox"/> NO	BIOHAZARDS	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. SUMMARY OF RESEARCH/DEVELOPMENT SUPPORT FOR THREE PRIOR YEARS					
	TOTAL VA	TOTAL NON-VA	GRAND TOTAL		
FY	\$ _____	\$ _____	\$ _____		
FY	\$ _____	\$ _____	\$ _____		
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
Jun 1990

10-1313-1

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