

FORM - The Chancellor's Discovery Fund for Multidisciplinary Research - Face Page

Version: 1.1
Date: %\$/1\$/1%
Spring 2012

PROJECT DETAILS

1. Check one or more Review Subcommittees:

Basic Life Sciences Natural Sciences & Engineering Clinical Sciences

Social Sciences and Humanities

2. Principal Investigators: (if additional PIs use Key Personnel form page)

*Name (Last, First): _____ Title: _____
College/School: _____ Department: _____
Email: _____ Phone: _____

Name (Last, First): _____ Title: _____
College/School: _____ Department: _____
Email: _____ Phone: _____
 Principal Investigator Co-Investigator

Name (Last, First): _____ Title: _____
College/School: _____ Department: _____
Email: _____ Phone: _____
 Principal Investigator Co-Investigator

3. Project Title: _____

4. Budget Request: _____
Cost Share: _____
Total Project Cost: _____

5. Key words describing the proposal:

a. _____ b. _____ c. _____
d. _____ e. _____ f. _____

APPROVALS AND CERTIFICATIONS

6. Approval checklist (check all that apply)

- Human Subjects or tissues
- Animal research
- Recombination DNA is involved
- UIC Hospitals or Clinics will be used
- FDA/IND
- Radiation or Radioisotopes will be used
- Research Resources Center Equipment to be used
- Clinical Research Center to be used

Special Clearances (Note approval # or pending)

IRB Protocol Number: _____
ACC Protocol Number: _____
Protocol Number: _____
Approval: _____
Number: _____
Permit Number: _____
RRC Approval: _____
CRC Approval: _____