**Nebraska Center for Substance Abuse Research**

**2017 Request for Application**

**Committee Approvals**

**Title of Proposal:**

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**Principal investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Division/Unit:\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary investigators (and institutions):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Total Amount Requested:\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check all required Review Committees for this proposal and current status**

\_\_IRB \_\_ Pending or Approval # and date\_\_\_\_\_\_\_\_\_\_\_

\_\_IACUC \_\_ Pending or Approval # and date\_\_\_\_\_\_\_\_\_\_\_

\_\_Biosafety Committee \_\_ Pending or Approval # and date\_\_\_\_\_\_\_\_\_\_\_

\_\_Pharmacy & Therapeutics \_\_ Pending or Approval # and date\_\_\_\_\_\_\_\_\_\_\_

\_\_Radiation & Chemical Safety \_\_ Pending or Approval # and date\_\_\_\_\_\_\_\_\_\_\_

\_\_Stem cell committee \_\_ Pending or Approval # and date\_\_\_\_\_\_\_\_\_\_\_

\_\_Cancer Scientific Review Committee \_\_ Pending or Approval # and date\_\_\_\_\_\_\_\_\_\_\_

\_\_Is Intellectual property involved? \_\_Yes or \_\_No

\_\_International Component/Export Control

 (Does this involve sending or performing any

 part of the project to or in another country?) \_\_Yes or \_\_No

\_\_Conflict of Interest Disclosure Compiled? \_\_Yes or \_\_No

**Principal Investigator**

* I agree that all information on the Application and Budget is true, complete, and accurate
* I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant or contract is awarded as a result of the application

Signature of Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_