

## Siteman Investment Program Research Development Awards Cover Sheet Form

|   |   |   |   |  |                                       |
|---|---|---|---|--|---------------------------------------|
| <b>Project Title:</b>   |   |   |   |  |                                       |
| <b>Clinical Trial</b>   |   | <b>Pre-R01</b>  |   |  | <b>Team Science</b>                   |
| <input type="checkbox"/> New CT   | <input type="checkbox"/> Established CT                     | <input type="checkbox"/> Pre-R01  | <input type="checkbox"/> Prev & Control | <input type="checkbox"/> WU/MU Collab                        | <input type="checkbox"/> Team Science |
| <b>Contact Principal Investigator (PI)</b>  |   |   |   |  |                                       |
| <b>Name (Last, First):</b>  |   |   | <b>Degree(s):</b>                       |  |                                       |
| <b>Title:</b>   |   |   | <b>Organization:</b>                    |  |                                       |
| <b>Department/Division:</b>   |   |   | <b>E-mail:</b>                          |  |                                       |
| <i>For collaborative proposals (SLU/WU or MU/WU):</i>   |   |   |   |  |                                       |
| <b>Co-PI Name (Last, First):</b>  |   |   | <b>Degree(s):</b>                       |  | <b>Organization:</b>                  |
| <b>Title:</b>   |   |   | <b>Department/Division:</b>             |  |                                       |
| <b>Grant Administrator</b>  |   |   |   |  |                                       |
| <b>Name:</b>  |   | <b>Phone:</b>   |   | <b>E-mail:</b>   |                                       |
| <b>Dates of Proposed Period of Support</b>  |   | <b>Direct Costs Requested for Initial Budget Period (Year 1)</b>                          |   | <b>Direct Costs Requested for Proposed Period of Support</b> |                                       |
|   |   | \$ direct costs   |   | \$ direct costs  |                                       |
| <b>Please check if either are applicable:</b>   |   |   |   |  |                                       |
| <input type="checkbox"/> SIP Application Re-submission  |   | <input type="checkbox"/> Previously submitted to the NCI/NIH (Summary Statement included) |   |  |                                       |
| <b>Please check each Siteman Shared Resource being utilized for this project (Letter of Support required for each)</b>  |   |   |   |  |                                       |
| <input type="checkbox"/> Biologic Therapy Core Facility   | <input type="checkbox"/> Biostatistics Shared Resource      | <input type="checkbox"/> Genome Engineering & iPSC Center                                 |   |  |                                       |
| <input type="checkbox"/> Genome Technology Access Center  | <input type="checkbox"/> Imaging & Response Assessment Core | <input type="checkbox"/> Immunomonitoring Laboratory                                      |   |  |                                       |
| <input type="checkbox"/> Informatics Core Services  | <input type="checkbox"/> Proteomics Shared Resource         | <input type="checkbox"/> Siteman Flow Cytometry   |   |  |                                       |
| <input type="checkbox"/> Small Animal Cancer Imaging  | <input type="checkbox"/> Tissue Procurement Core            | <input type="checkbox"/> WU Center for Cellular Imaging                                   |   |  |                                       |
| <b>Research keywords and major techniques or methods for purpose of assigning reviewers</b>   |   |   |   |  |                                       |
|   |   |   |   |  |                                       |
| <b>Provide three institutional (WU, SLU, and/or MU) non-conflicted faculty reviewer suggestions</b>   |   |   |   |  |                                       |
| <b>1.</b>   | <b>2.</b>   |   |   | <b>3.</b>  |                                       |
| <b>Lay Language Summary</b> (This summary is provided to the public if awarded and should be written in non-scientific terminology. Failure to provide an adequate lay summary may result in delayed funding. Up to 250 words – text box will expand) |   |   |   |  |                                       |
|   |   |   |   |  |                                       |

| <b>Institutional Approvals &amp; Related Questions</b>   |   |                          |
|--|---|--------------------------|
| <p><b>Indicate percentage between “lab/bench” and “clinical/other” for this project. This should directly reflect budgeted expenses, as administration will use it to calculate indirect costs post-award.</b></p> <p><b>Lab/Bench:</b>      %      <b>Clinical/Other:</b>      %</p>  |   |                          |
| <p><b>Indicate institutional approvals that are required for this project:</b></p> <p><input type="checkbox"/> Live Animals    <input type="checkbox"/> Human Subjects    <input type="checkbox"/> Human Embryonic Stem Cells    <input type="checkbox"/> Radioactive Materials    <input type="checkbox"/> Recombinant DNA</p>                  |   |                          |
| <b><u>Human Subjects</u></b>   | <b>YES</b>  | <b>NO</b>                |
| Is this proposal funding clinical research?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Is this proposal funding an interventional clinical trial (as defined by the NIH, see RFA)?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Is this proposal funding a correlative study on a clinical trial?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b><u>Inventions</u></b>   | <b>YES</b>  | <b>NO</b>                |
| Do you anticipate any inventions, patents, and/or licenses resulting from this proposal?   | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b><u>International &amp; Export Controls</u></b>  | <b>YES</b>  | <b>NO</b>                |
| Does this project have an international component?   | <input type="checkbox"/>  | <input type="checkbox"/> |
| Will any technology or technical information used or developed in connection with this research have an identified military application?   | <input type="checkbox"/>  | <input type="checkbox"/> |
| To your knowledge has any aspect of this project been designated by the NIH as export-controlled under the federal Export Control Laws?  | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b><u>PI Certification and Acceptance</u></b>  |   |                          |
| I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties. | SIGNATURE OF PRINCIPAL INVESTIGATOR<br><i>Electronic signature accepted</i> | DATE                     |
| <b><u>Official Signing for Applicant Organization (Not Required for WU or MU Applicants; For SLU Use Only)</u></b>   |   |                          |
| <b>Name:</b>   | SIGNATURE OF OFFICIAL NAMED<br><i>Electronic signature accepted</i>         |                          |
| <b>Title:</b>  |   |                          |
| <b>Organization:</b>   |   |                          |
| <b>Phone:</b>  | DATE  |                          |
| <b>E-mail:</b>   |   |                          |