

## **INSTRUCTIONS FOR APPLICATION FOR RESEARCH PROJECT APPROVAL**

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- ❖ **Part I - Application for Research Project Approval**
- ❖ **Part II - Investigator Information Form for each investigator**
- ❖ **Submit via e-mail ([nwang@cgl.ucsf.edu](mailto:nwang@cgl.ucsf.edu)) and mail hardcopy with the Principal Investigator signature**

### **INSTRUCTIONS:**

1. a. In your initial contact with the facility director (A.L. Burlingame, [alb@cgl.ucsf.edu](mailto:alb@cgl.ucsf.edu)) discuss your research project, what preliminary work is necessary to determine feasibility and whether your project will be collaborative or handled on a service basis.

b. For **each** new project present a statement of research, its significance and the role of mass spectrometry in the proposed study. A copy of your awarded grant proposal abstract should provide the necessary information. In addition, please complete the information requested on the Application for Project Approval forms (Parts I & II). This is for use in our annual report to NIH. ***The signature of the Research Director is required on Part I of the application.***

2. After your research project is approved you will receive notification of your assigned project number via email. ***Each project*** must have its own project number that must be entered on each sample submission form.

3. A sample submission form must be completed for **each** sample submitted. These forms may be obtained from Kris Casler or Ronde Stephens-Pitts at (415) 476-4893 or by e-mail to [lck@cgl.ucsf.edu](mailto:lck@cgl.ucsf.edu) or [ronde@cgl.ucsf.edu](mailto:ronde@cgl.ucsf.edu). Indicate your assigned project number, project title and the sample name on each sample submission form. ***The signature of the Research Director is required on each sample submission form.***

4. Contact David Maltby, Lab Manager, at (415) 476-4895 or by e-mail to [maltby@cgl.ucsf.edu](mailto:maltby@cgl.ucsf.edu) regarding information sought from samples, their preparation, the amount of sample to be sent and selection of sample submission tubes.

5. All samples **must** have labels bearing, ***project number, requester name, and sample name*** (code names are desirable if chemical name is lengthy). If each sample tube does not bear this information, your request will be denied *pro forma*.

6. Send forms via email and signed hard copy, samples, and address questions to:

Nancy Wang  
Mass Spectrometry Facility  
University of California, San Francisco  
600 16<sup>th</sup> street, Genentech Hall, Room N472  
San Francisco, CA 94158-2517  
(415) 476-4893 Fax: (415) 502-1655  
[nwang@cgl.ucsf.edu](mailto:nwang@cgl.ucsf.edu)

1. It is **your responsibility** to acknowledge appropriately all data provided by this Facility. Contact the Facility for grant acknowledgement information.

Also, users must agree to provide information as requested for our NIH annual report. This information includes your current financial support, progress of ongoing work, and resulting publications.

**Principal Investigator:**

(last name & initials)

Project No

**PART I:**

**APPLICATION FOR RESEARCH PROJECT APPROVAL  
PROJECT DESCRIPTION AND INVESTIGATORS**

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*The information requested on this form will be used by the National Center for Research Resources at NIH to report the contributions of the Mass Spectrometry Facility to specific areas of biomedical research. In addition to this application, please attach the grant abstract.*

**IMPORTANT:** Abstracts will be made available to the public through the NIH Computer Retrieval of Information on Scientific Projects (CRISP) database and should not contain proprietary and/or confidential information. Do not use scientific notations or special characters, as these will be deleted in the NIH CRISP database.

**PROJECT TITLE:** Use a descriptive title of **80 or fewer characters (including spaces)**. Avoid the use of *a, an, the, study of, investigation of, role of, evaluation of, research on/in* at the beginning of the title.

**AIDS RELATED?** YES

NO

**ABSTRACT:** Provide a brief summary description of the study in layperson's language including background, rationale for the project, study question(s), design, study population (if applicable), and outcome measures. Address how the UCSF Mass Spectrometry Facility will assist in obtaining your research goals. It may be up to 250 words. **Please do not use scientific notations and the following characters or symbols: > | } < { as they are NOT allowed on the NIH database.**



**PART II:  
INVESTIGATOR INFORMATION FORM**

THIS INFORMATION IS REQUIRED FOR EACH INVESTIGATOR INVOLVED IN THE PROJECT INCLUDING CO-INVESTIGATORS, POSTDOCS AND GRADUATE STUDENTS

Principal Investigator Information:

Last Name: \_\_\_\_\_ First Name & Middle Initial: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Department: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SOURCES OF FINANCIAL SUPPORT:** Provide all sources of support directly **related to the research project(s)** supported by the Mass Spectrometry Facility.

NATIONAL INSTITUTE OF HEALTH	GRANT/CONTRACT NUMBER(S)	PRINCIPAL INVESTIGATOR
1)		
2)		
3)		
4)		
<b>FEDERAL–NON PHS (Please indicate Agency):</b>		
5)		
6)		
<b>NON-FEDERAL (Please indicate Agency):</b>		
7)		
8)		

Co-Investigator Information:

Last Name: \_\_\_\_\_ First Name & Middle Initial: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Department: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Please indicate which of the numbers (1-8) listed above as sources of support are applicable for this person: \_\_\_\_\_

Co-Investigator Information:

Last Name: \_\_\_\_\_ First Name & Middle Initial: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Department: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Please indicate which of the numbers (1-8) listed above as sources of support are applicable for this person: \_\_\_\_\_

Co-Investigator Information:

Last Name: First Name & Middle Initial: Degree:  
Institution: Department:  
Mailing Address:  
City: State: Zip: Country:  
Telephone: Fax: E-Mail Address:  
*Please indicate which of the numbers (1-8) listed above as sources of support are applicable for this person:* \_\_\_\_\_

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*Please indicate which of the numbers (1-8) listed above as sources of support are applicable for this person:* \_\_\_\_\_