

OFFICE OF THE VICE PRESIDENT, RESEARCH: RIS Application Attachment

For Office Use Only:	Date Received	Time Received	Application No.
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RESEARCHER INFO	Researcher LAST Name (or Supervisor for fellow/studentships only)			Researcher FIRST Name		Appointment Status <input type="radio"/> Tenured <input type="radio"/> Tenure Stream <input type="radio"/> CLTA <input type="radio"/> Teaching Stream (Lecturer/Sr. Lecturer) <input type="radio"/> Status Only <input type="radio"/> Emeritus/Retired <input type="radio"/> Other	
	Personnel #	Phone #	EXT	Fax #	e-mail Address		
	UofT Department of Primary Appointment				UofT Administering Unit (if different from Department)		
	Student Name (if fellow/studentship)				Student Signature		

PROJECT	Title of Research Topic of work/research							
	Sponsor (from which funds are being requested)					Electronic submission? <input type="radio"/> No <input type="radio"/> Yes		
	Is this a subgrant to UofT? <input type="radio"/> No <input type="radio"/> Yes →			Name of Primary Sponsor Name of Lead Institution				
	Will UofT be subgranting funds to another institution? <input type="radio"/> No <input type="radio"/> Yes →			Name of Subgrantee Institution(s)				
	Are there collaborating sponsors? <input type="radio"/> No <input type="radio"/> Yes → Name of collaborating sponsors					Renewal	Competition Deadline Date	New Renewal
	Please rate the likelihood of this project having a commercial outcome, where 1 is unlikely and 5 is highly likely. 1 2 3 4 5			International (outside Canada) Component. Please identify all associated countries as applicable. Countries (names) Sponsor Collaborator/Co-investigator Location of work/research Topic of work/research Other (specify)				
Would you be interested in speaking with a representative from the Innovations & Partnerships Offices about UofT's Inventions Policy, commercialization of inventions, or collaborative research with industry? <input type="radio"/> No <input type="radio"/> Yes								

CO-INVESTIGATORS/ COLLABORATORS	1. Name, Address, Institutional Affiliation		2. Name, Address, Institutional Affiliation		3. Name, Address, Institutional Affiliation	
	_____		_____		_____	
	_____		_____		_____	
For additional names, please attach a separate sheet						

LOCATION(S) OF RESEARCH	Please identify where the research will be taking place (if more than one location, indicate primary by clicking option button)					
	University of Toronto - Building(s)					
	Hospital(s) - Name(s)					
Other Institution(s) / Location(s)						

CLASSIFICATION	Keywords (please specify up to 10)			Please indicate which of the following areas are applicable to your research (check all that apply)		
				<input type="checkbox"/> Advanced Health Technologies <input type="checkbox"/> Bio-Economy <input type="checkbox"/> Clean Technologies <input type="checkbox"/> Digital Media <input type="checkbox"/> Energy <input type="checkbox"/> Environment <input type="checkbox"/> Health & Related Life Sciences <input type="checkbox"/> Humanities <input type="checkbox"/> Information & Communications Technologies <input type="checkbox"/> Interdisciplinary <input type="checkbox"/> Manufacturing <input type="checkbox"/> Multimedia, Culture & Entertainment <input type="checkbox"/> Nanotechnology <input type="checkbox"/> Natural Resources <input type="checkbox"/> Pharmaceutical Research/Manufacturing <input type="checkbox"/> Social Sciences <input type="checkbox"/> Space <input type="checkbox"/> Sustainability <input type="checkbox"/> Other (please specify)		

FOR THE USE OF FACULTY OF MEDICINE APPLICANTS ONLY - PROJECT CLASSIFICATION CODES

Area of Application / Disease Codes

Please select **up to 2** codes which best describe the disease or condition that would benefit from the results of your research.

- | | |
|---|--|
| <input type="checkbox"/> 01 Infectious and parasitic | <input type="checkbox"/> 20 Congenital anomalies |
| <input type="checkbox"/> 02 Neoplasms | <input type="checkbox"/> 21 Perinatal |
| <input type="checkbox"/> 07 Blood | <input type="checkbox"/> 22 Ill-defined conditions |
| <input type="checkbox"/> 08 Mental and behavioural diseases | <input type="checkbox"/> 23 Accidents, poisoning, violence |
| <input type="checkbox"/> 10 CNS organic | <input type="checkbox"/> 51 Endocrine, nutritional and metabolic diseases and immunity disorders |
| <input type="checkbox"/> 12 Cardiovascular | <input type="checkbox"/> 52 Diseases of the skin and sub-cutaneous tissue |
| <input type="checkbox"/> 13 Respiration | <input type="checkbox"/> 77 Population health (general) |
| <input type="checkbox"/> 14 Gastro-intestinal disease | <input type="checkbox"/> 78 Health services (general) |
| <input type="checkbox"/> 16 Genito/urinary system | <input type="checkbox"/> 79 Psycho-social and behavioural (general) |
| <input type="checkbox"/> 17 Pregnancy/birth | <input type="checkbox"/> 88 Multiple diseases relevance |
| <input type="checkbox"/> 19 Musculo skeletal | <input type="checkbox"/> 99 None of the above |

Area of Research / Discipline Codes

Please select **up to 4** codes which best describe your area(s) of research / discipline.

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 Aging | <input type="checkbox"/> 20 Imaging (including nuclear medicine) | <input type="checkbox"/> 40 Theoretical biology |
| <input type="checkbox"/> 2 Addiction research | <input type="checkbox"/> 21 Immunology | <input type="checkbox"/> 41 Toxicology |
| <input type="checkbox"/> 3 Anaesthesiology | <input type="checkbox"/> 22 Microbiology, bacteriology, parasitology, virology | <input type="checkbox"/> 42 Tropical medicine |
| <input type="checkbox"/> 4 Anatomy | <input type="checkbox"/> 23 Molecular biology | <input type="checkbox"/> 43 Obstetrics & gynaecology |
| <input type="checkbox"/> 5 Biochemistry | <input type="checkbox"/> 24 Neurobiology | <input type="checkbox"/> 44 Pathology |
| <input type="checkbox"/> 6 Biophysics, bioengineering, medical instrumentation and devices | <input type="checkbox"/> 25 Nephrology | <input type="checkbox"/> 45 Neonatology |
| <input type="checkbox"/> 7 Biotechnology | <input type="checkbox"/> 26 Nutrition and metabolism | <input type="checkbox"/> 46 History of medicine |
| <input type="checkbox"/> 8 Bone and mineral metabolism | <input type="checkbox"/> 27 Cancer | <input type="checkbox"/> 47 Psychology |
| <input type="checkbox"/> 9 Cardiovascular | <input type="checkbox"/> 28 Vision | <input type="checkbox"/> 48 Urology |
| <input type="checkbox"/> 10 Cell biology | <input type="checkbox"/> 29 Orthopaedics | <input type="checkbox"/> 49 Medical education |
| <input type="checkbox"/> 11 Dental science, oral biology | <input type="checkbox"/> 30 Otolaryngology | <input type="checkbox"/> 50 Blood, haematology |
| <input type="checkbox"/> 12 Dermatology | <input type="checkbox"/> 31 Pharmacology | <input type="checkbox"/> 51 Rheumatology |
| <input type="checkbox"/> 13 Endocrinology | <input type="checkbox"/> 32 Physiology | <input type="checkbox"/> 52 Medical ethics |
| <input type="checkbox"/> 14 Environmental and occupational medicine | <input type="checkbox"/> 33 Preventive medicine | <input type="checkbox"/> 53 Psychiatry |
| <input type="checkbox"/> 15 Epidemiology | <input type="checkbox"/> 34 Psycho-social medicine | <input type="checkbox"/> 54 Biostatistics |
| <input type="checkbox"/> 16 Gastrointestinal and liver | <input type="checkbox"/> 35 Public health | <input type="checkbox"/> 55 Speech/language |
| <input type="checkbox"/> 17 Growth and development, including human genetics | <input type="checkbox"/> 36 Rehabilitation | <input type="checkbox"/> 56 Women's health issues |
| <input type="checkbox"/> 18 Health care and economics | <input type="checkbox"/> 37 Respiriology | <input type="checkbox"/> 57 Emergency medicine |
| <input type="checkbox"/> 19 Health policy | <input type="checkbox"/> 38 Sports medicine | <input type="checkbox"/> 58 Occupational therapy |
| | <input type="checkbox"/> 39 Surgery | <input type="checkbox"/> 59 Physical therapy |
| | | <input type="checkbox"/> 60 Biomedical communications |
| | | <input type="checkbox"/> 61 Sociology |
| | | <input type="checkbox"/> 62 Family medicine |

ETHICS / BIOSAFETY / CONTROLLED GOODS

A 1. **ANIMALS** will be involved in the research at the University of Toronto..... No Yes

If **YES**, please provide UACC protocol number(s)

Any use of vertebrate or high form invertebrate (e.g. cephalopods, etc.) animals in research requires approval of an [Animal Use Protocol Form](#) prior to the commencement of the project.

For information regarding the use of animal subjects and the application/approval process, please consult http://www.research.utoronto.ca/ethics/ea_app.html

2. Animals will be involved in the research at a University of Toronto-affiliated hospital or institution..... No Yes

Research or teaching projects that are to take place at a university-affiliated hospital but have funds administered through the university need approval through the animal care committee connected with the hospital or affiliated institution. The Office of Research Ethics requires a copy of the current, valid hospital-approved animal protocol; it is not necessary to fill out a University of Toronto Animal Use Protocol Form.

If **YES**, please attach a copy of all hospital ACC approval letters relevant to this research.

3. Animals will be used in the research by a UofT researcher at an external institution..... No Yes

If YES, please provide UACC protocol number(s) All animal use at external institutions requires submission and approval of a University of Toronto Animal Use Protocol Form in addition to any approvals required by the external institution.

4. In which year of the project will the animal subjects component of the research commence?

Year 1	Year 2	Year 3	Year 4	Other
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B 1. **HUMAN** subjects / participants will be involved in the research..... O No O Yes

(including surveys, interviews, observations, use of non-public records that contain identifying information, biological samples, interventions or other procedures)

If **YES** to item 1:

a) Will your research fall under a category for exemption from ethics review?..... O No O Yes

(publicly available data or individuals in public arena, professional practice, professional development/reflective practice or program evaluation/quality assurance)

b) Will your research take place solely at (a) University of Toronto-affiliated hospital(s)?..... O No O Yes

(no students conducting thesis-based research, no identifiable data or samples to be analyzed or stored on campus)

If **YES** to b) please attach a copy of all hospital REB approval letters relevant to this research.

If **NO** to a) and b) a protocol for ethics review must be submitted to the Office of Research Ethics and approved prior to the commencement of the research. Please see http://www.research.utoronto.ca/ethics/e_human.html for details.

Please provide Human protocol reference number(s)

2. In which year of the project will the human subjects component of the research commence?

O Year 1	O Year 2	O Year 3	O Year 4	O Other
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C **BIOLOGICAL AGENTS** will be involved in the research at the University of Toronto..... No Yes

(including any bacteria, viruses, fungi, parasites, prions, natural and/or recombinant DNA & RNA; pathogens of plants or animals; tissues, cells, blood and/or body fluids from humans or animals, any synthetic form of the human pathogen or **toxin**, proteins or toxins produced by, or derived from, a micro-organism and able to cause disease in a human)

For information regarding approvals for the use of biohazardous agents, contact the Biosafety Officer at 416-978-3981 or ayoob.ghalami@utoronto.ca.

University of Toronto Biosafety Certificate # Expiry date

Name of certificate holder Location of research

If your research is located at another institution please submit a copy of your approved biosafety certificate to the Office of Research Services.

E / B / CONTROLLED GOODS CONT'D	D. 7 CBHFC @ @8 ; CC8 G will be involved in the research..... <input type="radio"/> No <input type="radio"/> Yes If YES, will the controlled goods be imported or exported? <input type="radio"/> No <input type="radio"/> Yes
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PLANNING AND RESOURCES	Does this proposal involve a contribution by the University to direct costs? <input type="radio"/> No <input type="radio"/> Yes If yes, please describe: amount \$ source
	Does this project involve the acquisition of high performance computing infrastructure? <input type="radio"/> No <input type="radio"/> Yes
	Is there any construction or renovation involved in this project? <input type="radio"/> No → Skip to Undertakings section, below <input type="radio"/> Yes → Continue to next item in this section
	Known or preferred location/building (incl. room #): Amount of new space required: (in net assignable square metres [nasm]):
	Type of space is: <input type="checkbox"/> Dry lab nasm <input type="checkbox"/> Computer rooms nasm <input type="checkbox"/> Wet lab nasm <input type="checkbox"/> Other (specialized support space) nasm <input type="checkbox"/> Offices nasm

UNDERTAKINGS	<p>RESEARCHER UNDERTAKING</p> <p>1. This application is submitted in compliance with the Sponsor's conditions and University policies and procedures.</p> <p>2. The research shall be performed and administered in accordance with the Sponsor's terms and conditions and the University's policies and procedures.</p> <p>3. All persons engaged on the project, whether paid or unpaid, shall be properly trained, fully informed of, and agree to be bound by, the award conditions.</p> <p>4. Any research involving the use of human subjects, animals, biohazardous agents, radioactive materials, hazardous chemicals, or controlled goods will not be undertaken without prior written approval of the appropriate University ethics committee.</p> <p>_____ SIGN HERE ▼</p> <p style="text-align: center;">Researcher Signature Date</p>
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UNDERTAKINGS	<p>CHAIR / DIRECTOR / DEAN / PRINCIPAL UNDERTAKING (if not already on application)</p> <p>These signatures confirm that a) the information contained in the proposal and on this application attachment is as accurate as possible, b) that the department/centre/institute is willing to provide the necessary administrative and other support should the application be successful (including administrative support, financial support and space as indicated above and in the application).</p> <p>_____ SIGN HERE</p> <p style="text-align: center;">Print Name of Chair/Director Signature Date</p> <p>_____ SIGN HERE</p> <p style="text-align: center;">Print Name of Dean/Principal (if applicable) Signature Date</p> <p>If research is to be performed at a Hospital or other institution(s), please provide signature of Hospital Research Director or institution's Executive Head.</p> <p>_____ SIGN HERE</p> <p style="text-align: center;">Print Name Signature Date</p>
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