## **WNPRC Pilot Research Program**

## 2017 Application Form

Proposal ID#:	Date Received:				
TITLE OF PROJECT (56 characters maximum, including spaces):					
Principal Investigator					
NAME (Last, first, middle):	DEGREE(S):				
POSITION TITLE & DEPARTMENT:	INSTITUTIONAL MAILING ADDRESS:				
TEL: E-MAIL ADDRESS:					
PROPOSED PERIOD OF SUPPORT: RE	QUESTED AMOUNT:				
HUMAN SUBJECTS No Yes Pending	IRB Approval Date:				
VERTEBRATE ANIMALS: No Yes Pending	IACUC Approval Date:				
WNPRC Collaboration (identify WNPRC or UW-Madison investigators participating in this project)					

Please complete the following Research Project information and Abstract pages, and submit as a single PDF document with the additional following elements appended to this Application Form:

- Biosketches (4 page limit each) for key personnel and WNPRC collaborators
- Other support for key personnel and WNPRC collaborators. If applicable, note any overlap with current proposal
- Budget page: detailed budget listing personnel, supplies, travel, and other expenses.
- Project narrative (maximum 5 pages, including: Specific Aims; Significance; Innovation; Approach, Project Completion Time Line.
- · Literature citations
- Letter of support from WNPRC or UW-Madison collaborator(s)

<u>Justification for Research Project and Utilization of Non-Human Primates</u> (include ethical considerations as to why the use of nonhuman primates is essential to your study):

## **Animals Required:**

(Rhesus, Cynomolgus, Marmoset, other)

Species	Quantity	Age	Sex	Specific Characteristics*	<b>Duration on Study</b>

<sup>\*</sup>e.g. SPF.obese, genetic alleles, known pedigree, size / weight parameters, parity, etc.

<u>List Specific Procedures to be pe</u> infections, procedures, etc.):	rformed on Ani	mals (blood draws, injections, surgeries, tissue samples, chairing,
Specialized husbandry peeds (gu	arantina infactio	us disease, metabolism caging, radioisotope clearance, etc)?:
opecianzed indispanding ineeds (qui	arantine, infectio	us disease, metabolism caging, radioisotope dealance, etc):.
Yes <i>or</i> No If Yes,	, please specify	:
Work with infectious agents? Ye	es <i>or</i> No	If Yes, please specify:
Specialized pain management /aft	ter hours needs	: Yes or No If Yes, please specify:
In case of unanticipated illness of how should they be preserved?	r death what sa	mples should be collected both ante-mortem and post-mortem and
Other WNPRC services:		
Category	Needed for project? (Yes/No)	If YES, list specific needs
SPI group	Yes	All animal technical support, coordination with sample collection, surgical support, etc
Clinical Pathology		3
Peptide/ Hormone Assays		
Immunology/Virology Assays		
Major Surgery		
	1	

**Terminal Study** 

Planned Pathology Needs

**Occupational Health Concerns** 

## **ABSTRACT Form**

<b>Abstract</b> (maximum 500 words): Provide a descriptions of (1) the rationale supporting the and the expected results; (3) the research understanding of the subject of your research.	he proposed research; ( aims and design; and	2) the specific hype	othesis or hy	potheses to be tested	
Senior/Key PERSONNEL					
Name	eRA Commons Name	Organization		Project Role	
Other Significant CONTRIBUTORS			<b>D</b>		
Name	Organization	Organization		Project Role	