

This form must be filled out when submitting your CFI proposal to the Institutional Programs, Research Services. *This document is used for internal purposes only.*

Principal Investigator: \_\_\_\_\_

Phone: \_\_\_\_\_

Title of Application: \_\_\_\_\_

Did you review this application with your Department Head and/or Dean?  Yes  No

Will the requested infrastructure be used for research involving:

	<b>YES</b>	<b>NO</b>	<b>Requirements</b>
❖ Human Subjects	<input type="checkbox"/>	<input type="checkbox"/>	Human ethics certificate
❖ Database containing personal information	<input type="checkbox"/>	<input type="checkbox"/>	Human ethics certificate
❖ Care and treatment of animals	<input type="checkbox"/>	<input type="checkbox"/>	Animal care certificate
❖ Biohazards	<input type="checkbox"/>	<input type="checkbox"/>	Biosafety operating permit
❖ Radioactive Materials	<input type="checkbox"/>	<input type="checkbox"/>	Nuclear substances permit
❖ Possible Adverse Impact on the environment	<input type="checkbox"/>	<input type="checkbox"/>	Contact Department of Health Safety & Environment
❖ Facilities in the in Yukon Nunavut, Northwest Territories	<input type="checkbox"/>	<input type="checkbox"/>	License
❖ Clinical Trials	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with Health Canada's Food and Drug Regulations

**Please note: If the application is successful, the Award Agreement with CFI cannot be finalized until all documentation indicating that the above requirements are met is received by Institutional Programs.**

The following signatures are required

\_\_\_\_\_  
Project Leader

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

Please indicate if a copy of the final application should be sent to:

Dean

Department Head

Other (Please indicate)