Instructions: Complete the top portion of the following Memo and forward with a copy of your full research proposal to the Investigational Drug Service (mailstop: 151 CT-U or VHAPTHIDSResearch@va.gov ). The Research Investigational Drug Service will consider the impact of your study on the IDS, and respond accordingly.Your project cannot be approved without an affirmative Memo of Support.

**DEPARTMENT OF** **VETERANS AFFAIRS**

 **VA Pittsburgh Healthcare System (VAPHS)**

**MEMORANDUM: Request for Investigational Drug Service (IDS) Support for Research**

**To:** VAPHS Investigational Drug Service

**From:**      , **Principal Investigator**

**Research Project Title:**

1. The Cooperation of the      Service is requested to accomplish the goals and objectives of the above named research project.

2. Please review the attached protocol of this proposed research study. This is an animal research proposal and will require the following procedures involving the Research Investigational Drug Service:

3. These procedure(s) (check one) [ ]  **are** or [ ]  **are not** solely for the purposes of this research project.

Please assess if the impact on your service is acceptable. This proposal will be submitted to Research Office once your approval is obtained.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator’s Signature Phone/contact information Date

**DEPARTMENT OF** **VETERANS AFFAIRS**

 **VA Pittsburgh Healthcare System (VAPHS)**

**MEMORANDUM: Service Support for Research**

**To:** Associate Chief of Staff for Research (151-U)

**From:** Shirley Podnar, VAPHS Investigational Drug Service Pharmacist

**Subject:** Research Proposal (Title and PI Above)

[ ]  I have reviewed the above proposal and have determined its impact will be of insignificant consequence to the Investigational Drug Service, which is willing to cooperate on the study without compensation.

[ ]  I have reviewed the above proposal and, although it requires minor financial support, the Investigational Drug Service is willing to cooperate on the study without compensation.

[ ]  I have reviewed the above proposal and determined it will be of significant cost to the       Investigational Drug Service; financial reimbursement is requested at the rate of $     . Reimbursement of service lines cannot be made to an individual or an individual Veterans Research Foundation of Pittsburgh (VRFP) account.

[ ]  The Investigational Drug Service is not able to accommodate the requirements of this study.

Other Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative’s Signature Service Line Date

Concurrence:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President/Designee’s Signature Service Line Date