

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:

	YES	NO	Requirements
❖ 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)