

Research Topics and Areas of Interest

Minneapolis VAHCS asks all research investigators to annually enter or verify the following information to aid in assessing our facility research strengths and collaborative opportunities, as recommended by the Research Advisory Panel.

| | | | |
|-------------------|-------|-----------------------------|-------|
| Name: Last | First | MI | Title |
| | | | |
| VA email: | | Other contact email: | |
| | | | |

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|---|---|
| Status: | If non-clinician, have you ever applied for BLRD/CSRD eligibility? |
| <input type="checkbox"/> Clinician <i>(e.g. physician, clinical psychologist)</i> | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Non-clinician <i>(e.g. non-clinical PhD or other terminal degree)</i> | <input type="checkbox"/> No |

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|--|--|--|
| Career Stage: | | |
| <input type="checkbox"/> Early Career <i>(e.g. Assistant Professor, Career Development Award, Training grant, Postdoctoral)</i> | <input type="checkbox"/> Mid-Career <i>(e.g. Associate Professor)</i> | <input type="checkbox"/> Senior Investigator <i>(e.g. Professor, Career Research Scientist, Senior Career Research Scientist)</i> |

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| Type of research: <i>(Check all that apply)</i> | | |
| <input type="checkbox"/> Clinical Research <i>(e.g. human subjects research, interventional drug studies, clinical trials, device trials)</i> | <input type="checkbox"/> Basic Science Research <i>(e.g. preclinical animal models, microbiology, in vitro studies, bench research)</i> | <input type="checkbox"/> Health Services Research <i>(e.g. CCDOR, outcomes research, quality and/or cost of care studies)</i> |

| | | | |
|--|--|--|---|
| Have you previously received funding as a PI? | | | |
| <input type="checkbox"/> Never Applied | <input type="checkbox"/> Applied, Never Funded | <input type="checkbox"/> Previously Funded | <input type="checkbox"/> Currently Funded |

| | | | |
|--|-------------------------------------|---|--|
| If currently/previously funded as a PI, indicate funding source(s): <i>(Check all that apply)</i> | | | |
| <input type="checkbox"/> VA BLRD | <input type="checkbox"/> VA CSRD | <input type="checkbox"/> VA RRD | <input type="checkbox"/> VA HSRD |
| <input type="checkbox"/> Other VA (CSP, MVP...) | <input type="checkbox"/> NIH | <input type="checkbox"/> DoD / CDMRP | <input type="checkbox"/> Other Federal |
| <input type="checkbox"/> State/Local Govt. | <input type="checkbox"/> University | <input type="checkbox"/> Private Industry | <input type="checkbox"/> Foundation |

| | |
|---|---|
| Mark all for which you have served on study section: | Indicate if current or former recipient of a mentored award: |
| <input type="checkbox"/> VA <input type="checkbox"/> NIH <input type="checkbox"/> DoD | <input type="checkbox"/> VA CDA 1/2 <input type="checkbox"/> NIH K award <input type="checkbox"/> Other |

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| VA Research Topic 1: <i>(select from list)</i> |
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| VA Research Topic 2: <i>(select from list)</i> |
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| Keywords for other research interests (MeSH terms preferred): |
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Return the completed form to VHAMINResearchOffice@va.gov.