



MERIT REVIEW BOARD SUMMARY STATEMENT

1. TAB NO.	2. APPLICATION NO.	3. REVIEW GROUP	4. REVIEW DATE	5. FACILITY NO.
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6. LOCATION HEALTH CARE FACILITY (VAMC, OPC, CITY, STATE)	7. SOCIAL SECURITY NO.	8. DATE OF LAST SUBMISSION - MERIT REVIEW
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9. PRINCIPAL INVESTIGATOR(S) (Last Name, First Name, MI)	DEGREE(S)	TELEPHONE NO.
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10. PROGRAM TITLE (72 CHARACTERS MAXIMUM)

11. AMOUNT REQUESTED EACH YEAR

1ST	2ND	3RD	4TH	5TH	TOTAL
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12. VA EMPLOYMENT STATUS		13. VA SALARY SOURCE		14. TYPE OF PROGRAM	
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME (_____/8ths TIME)	<input type="checkbox"/> RESEARCH CC103	<input type="checkbox"/> RESEARCH CC104	<input type="checkbox"/> PATIENT CARE	<input type="checkbox"/> NEW
<input type="checkbox"/> CONSULTING _____ HRS/WEEK	<input type="checkbox"/> ATTENDING _____ HRS/WEEK	<input type="checkbox"/> RESEARCH CC105	<input type="checkbox"/> RESEARCH CC110	<input type="checkbox"/> HSR&D	<input type="checkbox"/> ONGOING
<input type="checkbox"/> WOC _____ HRS/WEEK		<input type="checkbox"/> CAREER DEVELOPMENT CC108		<input type="checkbox"/> RR&D	<input type="checkbox"/> SUPPLEMENT
				<input type="checkbox"/> OTHER VA	<input checked="" type="checkbox"/> NO. PROJECTS IN PROGRAM

15. PROGRAM	COST CENTER
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16. PRIMARY RESEARCH PROGRAM AREA	PRIMARY SPECIALTY AREA
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17. VA HOSPITAL SERVICE AND SECTION

Research and Development Service

18. ACADEMIC RANK, DEPARTMENT AND AFFILIATION

RECOMMENDATION	PRIORITY SCORE	DURATION	RENEWAL DATE	FUNDING START DATE
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FUNDS NOT SUBJECT TO PRIORITY REDUCTION	FUNDS SUBJECT TO PRIORITY REDUCTION	TOTAL FUNDING RECOMMENDED BY MERIT REVIEW	TOTAL FUNDING AFTER PRIORITY REDUCTION
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YEAR	EQUIPMENT	PI SALARY			
1ST					
2ND					
3RD					
4TH					
5TH					

PROGRAM REVIEW STAFF COMMENTS