

<b>FOR USER FACILITY USE ONLY</b>	Project No.:	
Principal Investigator:	Date Rec'd:	
LLNL Contact:	Revision Date Rec'd:	
Approval Signature of User Facility Director	Committee Review Date:	
	Last Review Date:	
	Date Signed	

## Application for Access to the NIH User Resource for Biological AMS

Some of the information requested on this form will be used by the National Institute of General Medical Sciences (NIGMS) to report the contributions of this User Facility to specific areas of biomedical research. Please TYPE and complete all information. In addition, **please attach a copy of your grant abstract and grant # supporting this work** along with the completed application form.

- A. Title:** *Use descriptive titles of 80 or fewer characters. Avoid the use of a, an, the, study of, investigation of, role of, research on/in, at the beginnings of titles.*
- B. Keywords:** *Keywords can be used to identify certain aspects of the research NOT otherwise apparent from the title. Keywords may be the names of specific diseases, disorders, methods, processes, phenomena, test organisms, or other appropriate topics.*
- C. Abstract:** *The most useful abstract has an introduction to provide background and rationale for both the work and need for accelerator mass spectrometry, methods for testing the hypothesis, results, and discussion to put the results in context, and point a direction for further study. The information provided by an abstract represents a major resource for information to answer frequent questions from other NIH administrators, public health officials, Congress, and the public. Abstracts should be less than 2500 characters and not contain any proprietary information.*

**D. Proposed Experiment(s) (Include why AMS analysis needed):** *This description must include a statement of the scientific purpose, details of the experimental design and procedures involved to generate the samples to be analyzed by AMS and previous experimental results. When possible, investigators should indicate whether any AMS technology or methodology development is required to perform the proposed studies. The User Facility staff will evaluate the experimental design for adequacy for use with AMS technology. **Include information on levels of radiolabeled compound to be used and the expected levels activity in the final samples and procedures for contamination control.***

**NOTE:** Protection of people from hazards is a major emphasis at LLNL. All experiments performed at LLNL must conform to LLNL safety policies. All proposals are reviewed for safety concerns by User Facility staff. The principal investigator will be notified if the proposal raises any safety questions.

**E. Previous Experience:** Provide a brief description of previous experience in the area of the research proposed, including the techniques and equipment to be used. When appropriate, this information may be provided in the form of a list of publications.

**F. Human Subject / Animal Subject Approval:**

Use of human subjects in any proposed research involving the User Facility must conform to NIH guidelines on the use of humans in medical research. All projects involving the use of humans or their bodily materials must provide evidence of review and approval of the investigator's Institutional Review Board. Further information about research involving human subjects can be found at LLNL's IRB web-site: <http://www.llnl.gov/HumanSubjects/>.

All proposed projects involving the use of vertebrate animals are required to conform to the appropriate animal welfare guidelines of the NIH and US Dept. of Agriculture.

LLNL's Institutional Review Board or its Institutional Animal Care and Use Committee will review all such studies to ensure that these requirements are met. **No studies can begin, nor will samples be accepted, until this review has been completed and deemed satisfactory.**

1) a. Will this project involve **HUMAN SUBJECTS**? Yes No  
**If yes, copies of the IRB approved consent form, the protocol and approval of the use of radio-labeled substances in Human Subjects are required for review by the LLNL IRB. Please discuss this with your scientific contact in the User Facility.**

b. Are your IRB approved documents attached? Yes No **(If no, please explain their current status.)**

2) a. Will this project involve **VERTEBRATE ANIMALS**? Yes No  
**If yes, a copy of the approved protocol for live vertebrate animals is required along with a completed LLNL "Vertebrate Animal Use Notification and Approval" form (contact User Facility Project Manager for form).**

b. Are your approved protocol and completed Vertebrate Animal Use form attached? Yes No  
**(If no, please explain their current status.)**

**G. Sample Analysis Requirements:** Show the basis for estimating the number of samples required.

Estimate the Total Number of Samples expected for the entire Project: \_\_\_\_\_

Anticipated Start & Completion Date for AMS Analysis

Start Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_

Type of sample to be submitted for AMS analysis: **(Check all that apply)**

Metabolite(s) Tissue DNA Protein Other: \_\_\_\_\_

**Describe the samples to be submitted and provide any additional information and specific sample processing requirements:**

**H. Investigator Information and Funding Sources for this proposed work:** 1) List below all investigators involved with this project. Include the Principal Investigators of any grants supporting this research and all collaborators involved in this project. Indicate with an asterisk the principal contact person who will be responsible for communications with Resource staff (i.e. scheduling, sample submissions, any special equipment needs and characteristics of samples). 2) Complete the **Investigator Information and Funding Sources Form** (see next page). Attach an additional sheet if needed.

<u>Last Name, First, M.I.</u>	<u>Position</u> <i>(Indicate if student or Post Doc)</i>	<u>eRA Commons ID</u>	<u>Institution</u>	<u>Telephone</u>	<u>Email</u>
<u>Principal Investigator(s):</u>					
<u>Co-Investigators:</u>					

**I. Publication Requirements and Resource Acknowledgement:**

As a condition for your use of the Biological AMS User Resource, it is expected that you will pursue publication of the results within one year of successful completion of the studies. When using data in publications and/or presentations, you must acknowledge NIH User Resource for Biological Accelerator Mass Spectrometry and the supporting grant(s) per the funding agency and grant number(s). Copies of preprints for review by the Resource and reprints (or PDF file) are to be submitted to the Resource Manager.

**The appropriate acknowledgement for the Resource is:**

*“Work was performed in part at the National User Resource for Biological AMS which is operated at LLNL under the auspices of the U.S. Department of Energy under contract DE-AC52-07NA27344. The User Resource is supported by the National Institutes of Health, National Institute of General Medical Sciences R24 GM137748.”*

**Signature of Principal Investigator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## INVESTIGATOR INFORMATION AND FUNDING SOURCES FOR THIS PROPOSAL

For each investigator listed in Section I (including students and Postdocs), complete and attach one of these forms. For an investigator who has multiple active projects, the Resource requires *only one* current Investigator Information Form. Forms must be updated annually.

Mr./Ms./Dr./Prof.	First Name	Middle Initial	Last Name	Degree(s)
Position Title	Department	Institution		
Address	City	State	Zip Code	
Telephone	E-Mail Address	Box Number		

## SOURCES OF FINANCIAL SUPPORT FOR THE WORK PROPOSED IN THIS APPLICATION

### 1. FEDERAL AGENCY SUPPORT, GRANT ID #, DATES AND LEVEL OF FUNDING.

Identify all sources of Federal support for the investigator listed above using the appropriate agency abbreviation along with the grant ID#, the dates of the grant and level of funding.

AGENCIES & ABBREVIATIONS	AGENCY	GRANT ID #	TERM AND ANNUAL AMOUNT
DOD Department of Defense			
DOE Department of Energy			
DVA Department of Veteran Affairs			
NASA National Aeronautics & Space Admin.			
NIH National Institutes of Health			
NSF National Science Foundation			
Other Federal Agency (specify)			
Other Federal Agency (specify)			
Other Federal Agency (specify)			

### 2. NON-FEDERAL SUPPORT: TYPE, ENTITY PROVIDING FUNDING AND LEVEL OF FUNDING.

Check box(es) to indicate type(s) of non-federal support that funds this proposed work for investigator listed above. Enter the name of funding source, the grant/contract ID# and duration and annual amount awarded.

- Foundations or Research:
  Professional and Voluntary Associations or Societies:
  Industry Funds:
- State, County, City Funds:
  Other Funds (list all):

## INVESTIGATOR INFORMATION AND FUNDING SOURCES FOR THIS PROPOSAL

For each investigator listed in Section I (including students and Postdocs), complete and attach one of these forms. For an investigator who has multiple active projects, the Resource requires *only one* current Investigator Information Form. Forms must be updated annually.

Mr./Ms./Dr./Prof.	First Name	Middle Initial	Last Name	Degree(s)
Position Title	Department		Institution	
Address		City	State	Zip Code
Telephone	E-Mail Address		Box Number	

## SOURCES OF FINANCIAL SUPPORT FOR THE WORK PROPOSED IN THIS APPLICATION

### 1. FEDERAL AGENCY SUPPORT, GRANT ID #, DATES AND LEVEL OF FUNDING.

Identify all sources of Federal support for the investigator listed above using the appropriate agency abbreviation along with the grant ID#, the dates of the grant and level of funding.

AGENCIES & ABBREVIATIONS	AGENCY	GRANT ID #	TERM AND ANNUAL AMOUNT
DOD Department of Defense			
DOE Department of Energy			
DVA Department of Veteran Affairs			
NASA National Aeronautics & Space Admin.			
NIH National Institutes of Health			
NSF National Science Foundation			
Other Federal Agency (specify)			
Other Federal Agency (specify)			
Other Federal Agency (specify)			

### 2. NON-FEDERAL SUPPORT: TYPE, ENTITY PROVIDING FUNDING AND LEVEL OF FUNDING.

Check box(es) to indicate type(s) of non-federal support that funds this proposed work for investigator listed above. Enter the name of funding source, the grant/contract ID# and duration and annual amount awarded.

- Foundations or Research:
  Professional and Voluntary Associations or Societies:
  Industry Funds:
- State, County, City Funds:
  Other Funds (list all):