



Douglas Hospital Research Centre (DHRC)
Abbreviated checklist

Please fill in all sections

Principal Applicant _____

Tel.: _____ Fax: _____ Email: _____

Project coordinator _____

Tel.: _____ Fax: _____ Email: _____

Department _____ Faculty of Medicine, McGill University

Granting agency _____ Program _____

Project title _____

Funding requested _____ No of co-applicants _____

Period - Starting date: _____ (yyyy/mm/dd) Ending date: _____ (yyyy/mm/dd)

Is this project New Renewal If renewal, please specify DHRC budget # _____

Primary location where research will be conducted _____

1) Is this an inter-university project? Yes No If yes, specify university(ies): _____

2) Does this project involve international (incl. U.S.) collaboration Yes No
If yes, specify country(ies): _____

3) Does this project imply a financial commitment (matching funds) from another source: Yes No
If YES, please specify: _____

4) Equipment totalling \$5,000 or more? Yes No

5) Does your project involve one of the followings:

Human subjects Yes No If YES, form attached form to follow

Animal subjects Yes No If YES, form attached form to follow

Biohazardous materials Yes No If YES, form attached form to follow

SIGNATURES - The signatures must be complete before submitting your application.

This application is submitted in compliance with the sponsor and DHRC regulations and policies. I will use any funds awarded in accordance with these.

Signature of applicant

Print Name

Date
(yyyy/mm/dd)

If any signature of DHRC Administration is not required on the application, a signature should appear here. We approve this application.

Signature of DHRC Administration

Print Name

Date
(yyyy/mm/dd)