

# New Investigator Packet

## Research Service – VA Northeast Ohio Healthcare System

### Form Directions:

- Only fill out this packet if you are a new investigator to the LSCDVAMC
- Because this document contains sensitive information, **please submit using encrypted email** to R&D Committee Coordinator, Christina Bennett ([christina.bennett2@va.gov](mailto:christina.bennett2@va.gov)), or deliver a hard copy to the Research Service, Room K114.
  - **To submit via email:** When you have completed the form, click the "Submit" button below. An email message will open with the file attached.
  - **To encrypt in Outlook:** click the Options tab, and then click "Encrypt" (by the yellow padlock symbol in the Permission pane).
- The first document included in this packet is the VACO-mandated Page 18. The necessary codes to fill out this document may be found on page 3 of this packet.
- If you have questions, please contact the R&D Committee Coordinator, Christina Bennett, by phone (216-791-3800 x3646) or by email ([christina.bennett2@va.gov](mailto:christina.bennett2@va.gov))

DEPARTMENT OF VETERANS AFFAIRS  
RESEARCH AND DEVELOPMENT INFORMATION SYSTEM  
INVESTIGATOR DATA

1. NAME: \_\_\_\_\_ 2. DEGREE: \_\_\_\_\_

3. ERA Commons ID (if known): \_\_\_\_\_

4. VA TITLE: \_\_\_\_\_

5. EMAIL: \_\_\_\_\_ 6. VA Entry Date: \_\_\_\_\_

7. UNIVERSITY APPOINTMENT:

a. Academic Rank  
*(Enter code from Table 5a)* \_\_\_\_\_  
*Code* \_\_\_\_\_ *(Enter name of Academic Rank; if code = 00, skip to Item 8)*

b. University Administrative Title  
*(Enter code from Table 5b)* \_\_\_\_\_  
*Code* \_\_\_\_\_ *(If code = 99, enter name of University Administrative Title)*

c. University Department  
*(Enter name)* \_\_\_\_\_

d. Department Section/Division  
*(If applicable, enter name of Section or Division)* \_\_\_\_\_

e. University Name  
*(Enter name of University)* \_\_\_\_\_

8. DIPLOMATE STATUS, BOARD CERTIFIED:      Yes      No      NOT APPLICABLE

9. SPECIALTY:  
*(Enter code from Table 7)* \_\_\_\_\_  
*Code* \_\_\_\_\_ *(If code = 99, enter name of Specialty)*

10. SUBSPECIALTY:  
*(Enter code from Table 8)* \_\_\_\_\_  
*Code* \_\_\_\_\_ *(If code = 99, enter name of Subspecialty)*

11. VA EMPLOYMENT  
FULL-TIME  
PART-TIME: \_\_\_\_\_ HR/WK *(If Part-Time, enter hr/wk.)*  
CONSULTANT      CONTRACT      WOC      N/A

12. VA SALARY SOURCE:  
*(Check one)*  
VA FUNDS OTHER THAN R&D  
MEDICAL RESEARCH (PROGRAM 821) FUNDS  
HSR&D (PROGRAM 824) FUNDS  
REHAB R&D (PROGRAM 822) FUNDS  
COOPERATIVE STUDIES (PROGRAM 825) FUNDS  
NOT SALARIED BY VA

13. VA HOSPITAL SERVICE:  
*(Enter code from Table 11)* \_\_\_\_\_  
*Code* \_\_\_\_\_ *(If code = 99, enter name of VA Hospital Service)*

14. VA HOSPITAL SECTION:  
*(If applicable, enter name of Hospital Section)* \_\_\_\_\_

15. PRIMARY RESEARCH INTEREST:  
*(Enter code from Table 13-14)* \_\_\_\_\_  
*Code* \_\_\_\_\_ *(If code = 99, enter name of Primary Research Interest)*

16. SECONDARY RESEARCH INTEREST:  
*(Enter code from Table 13-14)* \_\_\_\_\_  
*Code* \_\_\_\_\_ *(If code = 99, enter name of Secondary Research Interest)*

17. GRECC Affiliation (select from list):

INVESTIGATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CODES AND INSTRUCTIONS FOR INVESTIGATOR DATA SHEET (VA FORM 10-5368; PAGE 18)**

**5a. ACADEMIC RANK:** The default Academic Rank for each Series is shown. If actual rank is different, or code is 06, enter name.

01 = Instructor Series                      03 = Assistant Professor Series                      05 = Professor Series                      00 = None  
02 = Lecturer Series                      04 = Associate Professor Series                      06 = Resident/Fellow/Trainee/Other

**5b. UNIVERSITY ADMINISTRATIVE TITLE:** The default University Administrative Title for each Series is shown. If actual title is different, or code is 99, enter name.

01 = Department Chair Series      02 = Division Chief Series      03 = Dean Series                      99 = Other (Specify)                      00 = None

**6. DIPLOMATE STATUS, BOARD CERTIFIED:** Physicians, Dentists, Psychologists - Check YES or NO.  
Non-physicians - Check NOT APPLICABLE.

**7. SPECIALTY:** Select Board or area of training or expertise. If 99 is selected, enter name in space provided.

01 = Allergy & Immunology	70 = Emergency Medicine	34 = Nursing	51 = Physiology
66 = Anatomic Pathology	16 = Endodontics	35 = Obstetrics/Gynecology	52 = Plastic Surgery
67 = Anatomic & Clinical Pathology	17 = Engineering	71 = Occupational Medicine	53 = Preventive Medicine
02 = Anatomy	18 = Epidemiology	36 = Oncology	54 = Public Health
03 = Anesthesiology	19 = Family Practice	37 = Operations Research	55 = Prosthodontics
04 = Anthropology	20 = General Practice	38 = Ophthalmology	56 = Psychiatry
05 = Audiology	21 = Genetics	39 = Optometry	57 = Psychology
06 = Biochemistry	22 = Geriatrics	40 = Oral Pathology	73 = Radiation Oncology
07 = Bioengineering	23 = Health Care Administration	41 = Oral Surgery	58 = Radiology
08 = Biology	24 = Health Economics	42 = Orthopedic Surgery	59 = Rehabilitative Medicine
09 = Biophysics	25 = Histology	43 = Osteopathy	60 = Social Work
10 = Biostatistics	26 = Immunology	44 = Otolaryngology	61 = Sociology
11 = Chemistry	27 = Internal Medicine	45 = Pathology	62 = Speech Pathology
68 = Clinical Pathology	28 = Mathematics	46 = Pediatrics	63 = Surgery (General)
12 = Colon & Rectal Surgery	29 = Medical Illustration	47 = Periodontics	64 = Thoracic Surgery
13 = Dentistry (General)	30 = Microbiology	48 = Pharmacology	65 = Urology
14 = Dermatology	31 = Neurological Surgery	49 = Pharmacy	99 = Other (Specify)
69 = Diagnostic Radiology	32 = Neurology	72 = Physical Medicine & Rehabilitation	
15 = Dietetics	33 = Nuclear Medicine	50 = Physics	

**8. SUBSPECIALTY:** Physicians - Enter code for ONE Board or area of training, or 00 (not applicable). If 99 is selected, enter name. Non-physicians - enter 00.

29 = Addiction Psychiatry	08 = Endocrinology	39 = Medical Microbiology	23 = Physiological Psychology
01 = Administrative Medicine	09 = Experimental Psychology	40 = Medical Oncology	24 = Public Health
03 = Allergy	10 = Forensic Pathology	41 = Medical Toxicology	25 = Pulmonary Disease
30 = Cardiac Electrophysiology	35 = Forensic Psychiatry	16 = Metabolism	26 = Rheumatology
04 = Cardiovascular Disease	11 = Gastroenterology	17 = Nephrology	44 = Sports Medicine
05 = Child Psychiatry	12 = General Preventive Medicine	18 = Neuropathology	27 = Therapeutic Medicine
31 = Clinical & Laboratory Immunology	36 = Geriatric Medicine	19 = Neuropsychology	28 = Therapeutic Radiology
32 = Clinical Neurophysiology	37 = Geriatric Psychiatry	20 = Occupational Medicine	45 = Vascular Surgery
06 = Clinical Psychology	38 = Hand Surgery	42 = Nuclear Radiology	99 = Other (Specify)
33 = Critical Care Medicine	13 = Hematology	43 = Pain Management	00 = Not Applicable
34 = Dermatopathology	14 = Immunology	21 = Pediatric Allergy	
07 = Diagnostic Radiology	15 = Infectious Disease	22 = Pediatric Cardiology	

**11. HOSPITAL SERVICE:** Select code for the hospital service with which the investigator is identified and/or from which salary is paid. If salaried from VA research funds, enter code 09, 13, 27, or 41.

01 = Administration	08 = Education	16 = Nuclear Medicine	24 = Pulmonary Disease
02 = Ambulatory Care	36 = Extended Care	17 = Nursing	25 = Radiology
34 = Anesthesiology	09 = HSR&D (Program 824)	38 = Ophthalmology	26 = Rehabilitative Medicine
03 = Audiology & Speech Pathology	37 = Geriatrics	39 = Otolaryngology	27 = Rehabilitation R&D (Program 822)
04 = Chaplain	10 = GRECC	18 = Outpatient Clinic	28 = Recreation
41 = Cooperative Studies (Program 825)	11 = Intermediate Care	19 = Pathology	30 = Social Work
05 = Dental	12 = Laboratory	20 = Pharmacy	31 = Spinal Cord Injury
35 = Dermatology	13 = Medical Research (Program 821)	21 = Prosthetics	32 = Surgery
06 = Dietetics	14 = Medical	22 = Psychiatry	40 = Urology
07 = Domiciliary	15 = Neurology	23 = Psychology	33 = Voluntary
			99 = Other (Specify)

**13 and 14. PRIMARY and SECONDARY RESEARCH INTERESTS:** Select codes that best define general areas of primary and secondary interests. Do NOT use 00 for primary research interest.

01 = Aging	11 = Drug Dependence	52 = Neuropsychology	29 = Radiology
02 = Alcoholism	45 = Emergency Medicine	21 = Nuclear Medicine & Radiation	61 = Rehabilitation
38 = Ambulatory Care	12 = Endocrinology & Metabolism	22 = Nutrition	30 = Rehabilitative Medicine
03 = Anesthesiology	46 = Epidemiology	23 = Nursing	31 = Respiration & Pulmonary Disease
04 = Audiology & Speech Pathology	13 = Gastroenterology	24 = Oral Biology	32 = Rheumatology
05 = Basic Sciences	47 = Geriatrics	25 = Oncology	33 = Social Work
06 = Behavioral Sciences	48 = Health Care	53 = Ophthalmology	62 = Spinal Cord Injuries
07 = Biochemistry	49 = Health Economics	26 = Orthopedic Surgery	34 = Surgery
39 = Bioengineering	50 = Health Services	27 = Pathology	63 = Urology
40 = Biomechanics	14 = Hematology	54 = Pharmacology	64 = Vascular Surgery
08 = Cardiovascular Disorders	15 = Immunology	55 = Pharmacy	35 = Veterinary Medicine
41 = Clinical Epidemiology	16 = Infectious Diseases	28 = Podiatry	36 = Virology
09 = Clinical Pharmacology	51 = Medical Education	56 = Post Traumatic Stress Disorders	37 = Vision
42 = Computer Science	17 = Mental Health	57 = Preventive Medicine	99 = Other (Specify)
43 = Critical Care	18 = Molecular Biology	58 = Prostatic Disease	00 = None
44 = Dental Implants	19 = Nephrology	59 = Prosthetics	
10 = Dermatology	20 = Neurology & Neurobiology	60 = Psychiatry	

## PERSONAL DATA ON VA INVESTIGATORS

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Research and Development has a continuing commitment to monitoring the operation of its review and award processes to detect - and deal appropriately with - any instances of real or apparent inequities with respect to sex, race, or ethnicity.

To provide Research and Development with the information it needs for this important task and for responding to Congress about the sex, race, and ethnic composition of VA investigators, please complete the form below and return it to the Research Office (151).

This form will not be a part of any review process. Data will be confidential. All analyses conducted on the data will report aggregate statistical findings only and will not identify individuals.

If you decline to provide this information, it will in no way affect your status as a VA investigator.

Your cooperation will be appreciated.

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### SEX

Female     Male

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### RACE AND/OR ETHNIC ORIGIN *(check one)*

Note: The category that most closely reflects the individual's recognition in the community should be used for purposes of reporting mixed racial and/or ethnic origins.

- American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Black, not of Hispanic origin.** A person having origins in any of the black racial groups of Africa.
- Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White, not of Hispanic origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Check here if you do not wish to provide some or all of the above information.

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Name (print)

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Signature

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Date