

LSC Intake Form

MU Contact PI Name:

Proposal Title:

Start/End Dates:

Link to guidelines:

List of MU Key / Senior Personnel and project role:

Will we have any subrecipients? Yes No

If yes, collaborators name, list institutions, and contact information, project role:

Provide shared credit % for any MU collaborators – IF applicable and they meet the below criteria.

- Shared Credit illustrates the intellectual contribution on a project.
- Shared Credit distribution is used to calculate the portion of the research incentive funds (RIF) that are returned to the department/investigators.
- Shared Credit is also used to populate reporting data in MyVita and the MU annual report on research expenditures.

ACUC (Animals) Yes No

If yes, provide approval # and date OR type "pending":

IRB (Human Subjects) Yes No - MU IRB Fees link: <https://research.missouri.edu/human-subjects-research/irb-fees>

If yes, provide approval # and date OR type "pending":

If yes, please provide a quick summary of applicable IRB Fees for the budget:

Does this project involve the use of human embryonic stem cells (hESC)? Yes No

Check ALL Research Core Facilities this project will utilize:

2-4 Key Words

- | | |
|---|---|
| <input type="checkbox"/> Cell & Immunobiology | <input type="checkbox"/> Molecular Interactions |
| <input type="checkbox"/> Genomics Technology | <input type="checkbox"/> Animal Modeling Core |
| <input type="checkbox"/> Electron Microscopy | <input type="checkbox"/> Plant Transformation |
| <input type="checkbox"/> Bioinformatics & Analytics | <input type="checkbox"/> Metabolomics Core |
| <input type="checkbox"/> Advanced Light Microscopy | <input type="checkbox"/> Cognitive Neuroscience Systems |
| <input type="checkbox"/> NMR Facility | <input type="checkbox"/> X-Ray Microanalysis |
| <input type="checkbox"/> Proteomics Center | <input type="checkbox"/> Laboratory for Infectious Disease Research |
| <input type="checkbox"/> PET Imaging Center | <input type="checkbox"/> Small Animal Phenotyping |

Check all that apply: (checked = YES)

- Is this project related to a University License or assigned patent?
- Will this proposed project produce discoveries or inventions that may result in a patent?
- Will space that does not currently exist be required for this project?
- Does this project involve travel to or shipping of materials to destinations outside the United States?
If "yes", list countries:
- Does the project involve any entity (sponsor, collaborators, consultants, suppliers, etc.) outside the United States?
If "yes", list countries:
- Will any sponsor proprietary information be provided by the sponsor in support of the scope of work?
- Will this work involve MU Extension personnel or one or more of the county Extension offices?
- Does this project require computing, data storage, or data networking capabilities exceeding those of routine desktop computing?
If yes, please describe those needs (minimum 20-character response):
If yes, does the proposal request agency funding to meet them? Yes No
If not, how will they be funded (minimum 20-character response)?

Abstract *(This will be included on the ePSRS and may be used by the Division of Research):*

LSC Use Only: