

**University of Florida Southeast Center for Integrated Metabolomics
Pilot and Feasibility Projects**

Cover Sheet for 2017 SECIM Pilot & Feasibility Project Application

Project Title			
Sample Type		Total Sample Number	
Total Funding Requested		Earliest Start Date	

Please indicate which of the following SECIM services you are proposing to use:

- ☐ SECIM Core 1: Global LC-MS ☐ SECIM Core 1: Targeted LC-MS
☐ SECIM Core 2: Nuclear Magnetic Resonance ☐ SECIM Core 3: Advanced Mass Spectrometry

For Applicants outside of the University of Florida, only complete fields applicable to your institution.

Full Name of PI	
Position/Title	
UFID (UF Only)	
College/Department	
Mailing Address	
Phone/Fax #	
E-mail	

Co-Investigator # 1 <i>If applicable</i>	
College/Department	
Mailing Address	
Phone/Fax	
E-mail	
Co-Investigator # 2 <i>If applicable</i>	
College/Department	
Mailing Address	
Phone/Fax	
E-mail	

Cover Sheet for 2017 SECIM Pilot & Feasibility Project Application (Continued)

Protection of Human and/or Animal Subjects

Note: Projects awaiting funding to begin may wait until after Notice of Award to submit protocols to IRB or IACUC, but applicants should demonstrate they have taken preliminary steps to prepare submissions so minimal time will be lost in securing approvals.

1) Are human subjects involved? ☐ Yes ☐ No

a) If YES,

Is the IRB's review of your protocol in progress? ☐ Yes ☐ No

IRB approval date (mm/dd/yyyy): ____/____/____

IRB project # (if known): _____

2) Are vertebrate animals used? ☐ Yes ☐ No

a) If YES,

Is the IACUC's review of your protocol in progress? ☐ Yes ☐ No

IACUC approval date (mm/dd/yyyy): ____/____/____

IACUC project # (if known): _____

Application Documents

Please confirm the following documents are included with your application:

- ☐ Signed SECIM Cover Sheet ☐ Abstract ☐ Budget and Justification ☐ NIH Biosketches
☐ Eligibility Statement ☐ Research Strategy ☐ Plans for Future Funding ☐ References
☐ Protection of Human and/or Animal Subjects

Signatures

Principal Investigator:

Printed Name

Signature

Date: _____