Vancouver CoastalHealth Research Institute

Innovation and Translational Research Awards
Research Module

Principal Investigator (PI) Last Name

Principal Investigator (PI) First Name

Email

Phone (work)

VCH/PHC Clinical Department/Program

VCH/PHC Clinical Position

Academic department & division

Academic Rank

VCHRI or PHC research centre/program/area

Work Mailing Address (include street, building, room number, and postal code

Project Title

Location of Research Activity (building, site, and VCH/PHC)

Primary Contact: Name

Primary Contact: Email

IN PARTNERSHIP WITH

VGH UBC hospital foundation

Providence Research
We're all in.

SIGNATURE PAGES

Co-Investigators (up to six)

Name (last name, first name)

Title

Organization

Signature

Date

Name (last name, first name)

Title

Organization

Signature

Date

Name (last name, first name)

Title

Organization

Signature

Date

Name (last name, first name)

Title

Organization

Signature

Date

Principal Investigator Signature

Name (last name, first name)

Signature

Date

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Title

Title

Organization

Organization

Signature

Signature

Principal Investigator Signature

Name (last name, first name)

Signature

Date

SIGNATURE PAGES

Academic Department Head

Name (last name, first name)

Department

Signature

Date

Clinical Department Head

Name (last name, first name)

Department

Signature

Date