**General Instructions.** Instructions for preparation and submission of requests for off-site waivers to VA ORD may be found in Program Guide 1200.16: Off-Site Research, which is posted on the [ORD Policies and Guidance Documents](https://www.research.va.gov/resources/policies/default.cfm) page of our website (https://www.research.va.gov/resources/policies/default.cfm).

***Note:*** *This template may be used ONLY for a partial off-site waiver request. For full off-site waivers, please refer to the instructions mentioned above.*

The completed, signed form(s) should be e-mailed to the appropriate point of contact for each of the ORD Services:

BLRD/CSRD: offsite.waiver@va.gov

RRD: rrdreviews@va.gov

HSRD: liza.catucci@va.gov

1. **Approving Research Service**:
2. **VA Medical Center**:

**Name**:

**Address**:

**City**:

**State**:       **Zip code**:

3**. Principal Investigator’s Name, Degree(s**)

      ,

 **Current VA appointment:**  **Expected VA appointment:**

 BL/CS only: If you are a non-clinician, do you have eligibility?

4. **Principal Investigator’s title:**

5. **Review cycle or submission deadline for proposed off-site research**.

 **Cycle:**  **Year:**

6. **Title of investigator’s research proposal.**

1. **Proposed off-site location** (include complete name of facility):

8.

      ,       **Date**:   /  /

**Name, title and signature of ACOS/R&D**

9. **On-site space assigned [VA room number(s) and square footage]**

**VA room number(s)/and corresponding sq. ft**.

**Total sq. ft**.

10. **On-site research activities:** *Describe briefly, but clearly, specific proposed research activities and experiments that will be conducted at the VA. State the percentage of work to be conducted at the VA facility.*

11. **Off-site space assigned [off-site location, building and room number(s), and square footage**]

**Off-site location**:

**Room number(s)/ and corresponding sq. ft**.

12. **Off-site research activities:** *Describe briefly, but clearly, specific proposed research activities and experiments that will be conducted off-site. State the percentage of work to be conducted off-site.*

13. **Reason for requesting off-site space:** *Check the appropriate box(es) and provide a detailed justification using text box. The more information you provide, the easier it will be for the offsite manager to make a decision.*

[ ]  **Insufficient space at the VA** *(If insufficient space is cited as the sole reason, a complete research space report for the station should be attached, indicating room numbers, square feet, PIs assigned, and their source(s) of funding.)*

[ ]  **Interim off-site use during construction** *(If desired, the station may submit ONE request for all parties affected by construction.)*

[ ]  **Need for unique facilities/equipment**

14. **Additional information**: