

**THE OFFICE OF RESEARCH INTEGRITY AND ETHICS (ORIE);
RESPONSIBLE CONDUCT OF RESEARCH PROGRAMS (BUMED)
Formerly NMETC, NSHS, & HSETC**

Clinical Investigation Program (00CIP), Bethesda, MD, has recently notified NMCS D that they will not fund the following types of travel: (1) To present paper/posters that have already been presented, even if ORIE/BUMED did not pay for the previous travel; (2) if another investigator has been funded to travel under the same protocol number; (3) travel outside CONUS; and (4) to present findings from "exempt" studies or terminated studies. Finally, incomplete TAD requests will not be reviewed by ORIE/BUMED. To ensure compliance with these instructions, and to speed the turn-around time for you, this memo must be completed and accompany all TAD requests. Because the Naval Medical Center, San Diego, CID, cannot fund travel, we need to take every precaution to ensure that ORIE/BUMED approves your request. ORIE/BUMED requires the following information:

MEMORANDUM

DATE: _____

FROM: _____

TO: Head, Clinical Investigation Department

SUBJ: REQUEST FOR ORIE/BUMED TAD FUNDING ON CIP # _____

1. I am requesting funds in the amount of \$ _____ from ORIE/BUMED for the attached TAD request.
My department has agreed to pay \$ _____ to cover the additional cost of my travel.
2. This is my _____ request for travel funds in this Fiscal Year.
(number)
3. I certify that I have not presented this paper at any other time except the Navy-sponsored Academic Research Competition.
YES / NO
4. There is a full-length (viz. abstract, case report, literature review) manuscript being submitted for publication in a peer-reviewed journal that describes this work. YES / NO If YES, attach copy.
5. Other researcher(s) on this protocol who are also requesting funding for this meeting or who have obtained funding for a previous meeting on this protocol are:

6. This travel is CONUS. YES / NO
7. 7. My PRD date is _____. (If roster shows expired date, please explain.)
8. The research protocol relating to this paper is (Please check all that apply):
 - a. Active _____ Date of next continuing review _____
 - b. Closed _____ Date closed _____
 - c. Terminated _____ Date _____
 - d. Not an Exempt Study _____
9. I have attached all of the following:
 - a. My official acceptance letter or e-mail confirmation. (copy) _____
 - b. My registration form for the meeting. (copy) _____
 - c. Relevant pages of the meeting brochure with dates, place, agenda, cost, and name of sponsoring organization (copies only) _____
 - d. My abstract from the meeting, not a previous version. _____
 - e. My completed TAD form with all signatures, travel dates, # of days, per diem, transportation, registration fees and CIP #.
(NOTE: registration costs must be on the TAD request form (NMCS D 5050/01) as well as on the Meeting Registration form.)

10. If you have any questions you can reach me at Pager _____
Telephone _____ or E-mail _____

— **TAD INFORMATION SHEET** —
(**TRAVEL FUNDING FOR PRESENTATION OF RESEARCH STUDIES**)

TAD funding may be requested by any Naval Medical Center San Diego (NMCS D) investigator who is (1) a documented principal or associate investigator (PI or AI) on an approved CIP protocol *and* (2) author of an abstract from the protocol accepted for presentation at a scientific meeting.

Requests are processed through NMCS D Clinical Investigation Department (CID); CID screens requests to determine eligibility for funding, then forwards the paperwork to Naval Medical Education & Training Command (ORIE/BUMED), Bethesda, MD. [The Clinical Investigation Program \(CIP\), a division of ORIE/BUMED, provides actual funding.](#) (ORIE/BUMED may deny eligible requests [because of](#) lack of available funds.)

The investigator must provide all six of the following:

1. The **ABSTRACT** (*hard copy*) exactly as submitted for the intended meeting (to include the title and all authors' names); an *electronic copy* (via e-mail or on disk).
2. A copy of the **ACCEPTANCE LETTER** from the meeting sponsor addressed to the presenter. If an author (PI or AI on the protocol) other than the one to whom the acceptance letter is addressed is requesting TAD funds to present the abstract, a memo must accompany the letter indicating the name of the author who will be presenting. Only one author may request funding. An e-mail from the meeting sponsor is an acceptable substitute for an acceptance letter, but it must be addressed to the traveler.)
3. A copy of the pages in the meeting **BROCHURE** that provide the following:
 - a. Name of the meeting
 - b. Organization that is sponsoring the meeting
 - c. Meeting dates
 - d. Full street address of meeting location
 - e. Program schedule that specifies the traveler's presentation by date, time, title and name of presenter (if part of brochure)
 - f. Listing of all conference fees and charges
4. A completed **REGISTRATION FORM**
5. A completed **TAD REQUEST FORM** signed by the investigator's Department Head.

NOTE:

- a. The protocol *CIP number* must be printed at the top of the TAD REQUEST FORM.
 - b. The "*Course Dates*" block must indicate the exact dates the presenter intends to travel to and from the meeting. ORIE/BUMED will fund per diem for travel days (to presentation site and return), and a maximum of 3 days per diem at the meeting/conference site. The total per diem authorization will not exceed 5 days.
 - c. The "*Alternative Funding*" block must be checked, and "ORIE/BUMED" should be written in after "Source".
 - d. The investigator must obtain *cost estimates* from the TAD desk (532-6536/9) as indicated on the TAD REQUEST FORM.
 - e. ORIE/BUMED pays for registration fees but not course fees.
 - f. ORIE/BUMED will not fund rental cars.
 - g. "\$25.00" must be written in the "Miscellaneous" block, regardless of anticipated miscellaneous expenses. All legitimate expenditures (e.g., airport shuttles) will be paid when the travel is liquidated, even if they total more than \$25.00.
 - h. *If the airfare or meeting fees are waived* (or to be paid by another source), these blocks must still be filled in for accounting purposes; when the travel is liquidated, expenditures that are waived are simply not claimed.
 - i. If travel is OCONUS, both **Department Head** and **Directorate Head** must sign the TAD FORM.
6. A completed **CHECKLIST FOR TAD REQUESTS/ORIE/BUMED FUNDING**

Requests must be submitted to arrive at **ORIE/BUMED, Bethesda**, at least 6 weeks prior to the scheduled travel to assure sufficient processing time.

TAD/AUTHORIZATION REQUEST (Submit to TAD Division at Least 15 days prior to travel)			
NAVAL MEDICAL CENTER SAN DIEGO		PRINT OR TYPE, LEGIBILITY IS ESSENTIAL	
NAME (LAST, FIRST, MI)		RANK/CORPS, GRADE-GS	SSN
DEPARTMENT, DIVISION		ORG/MAIL CODE	WORK TELEPHONE
TITLE OF COURSE, CONFERENCE, MEETING <i>(Attach copy brochure/Document providing details of training context)</i>		Location of TAD (City, State, Country)	COURSE DATES
TYPE <i>(Mark all that apply, Up to 3)</i> <input type="checkbox"/> Clinical/Medical/Prof Dev <input type="checkbox"/> Support to Another Command <input type="checkbox"/> Research (Conduc or Present) <input type="checkbox"/> Professional Development <input type="checkbox"/> Clerical <i>(e.g. computer training)</i> <input type="checkbox"/> Exam for Licensing/Certification <input type="checkbox"/> Speaker <input type="checkbox"/> Transition <i>(e.g., house hunting)</i> <input type="checkbox"/> Operational Training <i>(e.g., Fleet Hospital, C4, MMART)</i> <input type="checkbox"/> Operational Deployment <input type="checkbox"/> Leadership/Management <i>(e.g., MANDEV, DH Course, TQL)</i> <input type="checkbox"/> Higher Authority Directed <i>(e.g., BUMED, IG JAG, Specialty Advisor)</i>		SPONSORING ORGANIZATION LEVEL OF FUNDING <input type="checkbox"/> FULL FUNDING <input type="checkbox"/> FEES ONLY <input type="checkbox"/> NO COST <input type="checkbox"/> ALTERNATIVE FUNDING <i>(SOURCE)</i> . * IF YOU HAVE A GOV'T TRAVEL CARD, DO YOU WISH TO HAVE IT ACTIVATED? Y OR N	
LEAVE DATA <input type="checkbox"/> NO LEAVE TOTAL NO. LEAVE DAYS		BEFORE MEETING FROM TO	AFTER MEETING FROM TO
SIGNATURE OF REQUESTING INDIVIDUAL <i>(Note: Submissions to TAD Div. must be >15 days prior to travel dates)</i>			DATE
C STATUS VERIFIED BY	<input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED COSTS (Contact TAD Division 532-6536/6539)	
MODE OF TRAVEL	<input type="checkbox"/> AIR <input type="checkbox"/> POV	TRANSPORTATION	\$
GTR Authorized - Purchased own tix, NTE GTR Directed - Directed through SATO	<input type="checkbox"/> AUTHORIZED <input type="checkbox"/> DIRECTED	PER DIEM (\$ _____ x _____ NO. OF DAYS)	\$
BOQ/BEQ AVAILABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MISC: ___ Rental Car ___ Shuttle ___ Books ___ Supplies	\$
OPEN/UNLIQUIDATED PRIOR TRAVEL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	REGISTRATION OR CONFERENCE FEES	\$
NAME OF PERSON QUOTING ESTIMATE	DATE	TOTAL ESTIMATE	\$
APPROVAL <i>(If GME Integral Parts Training, approval must be obtained from GME Coordinator (Local IPT) or Medical Education Director (non-Local IPT))</i>			
APPROVED	DISAPPROVED	IMMEDIATE SUPERVISOR	DATE
		DEPARTMENT HEAD <i>(Approving Official)</i>	DATE
		Director GME Coordinator <i>If Required)</i>	DATE
		Commander/Deputy Commander <i>(If Required)</i>	DATE
IF DISAPPROVED (Reason) <input type="checkbox"/> STAFFING <input type="checkbox"/> FUNDING <input type="checkbox"/> NOT JOB RELATED <input type="checkbox"/> ALTERNATIVE TRAINING METHOD/SITE AVAILABLE <i>(List)</i> _____ <input type="checkbox"/> OTHER <i>(Explain)</i> _____			DATE
COMPROLLER CERTIFICATION	JON	TYPE	FUND
<input type="checkbox"/> HRBO CERTIFICATION <i>(Civilian Training Only)</i>	REMARKS		
PRIVACY ACT STATEMENT			
The authority to request this information is contained in Titles 37 USC 5701 et seq travel, transportation and subsistence. The principal purpose of this form is to make application for attendance at a meeting, conference, or training course at the expense of the U.S. Government. The information will be used to assist officials and employees of the Department of the Navy in determining eligibility for and approving or disapproving this request. Completion of this form is mandatory; failure to provide the required information may result in delay of response to or disapproval of this request.			
ALL TRAVEL MUST BE LIQUIDATED WITHIN 5 DAYS AFTER COMPLETION OF TRAVEL			