Item ID Number	01789
Author	Custis, Donald L.
Corporate Author	
Report/Article Title	Memorandum: Research Instrumentation, from Donald L. Custis to Directors of VA Medical Centers, March 13, 1979
Journal/Book Title	
Year	0000
Month/Day	
Color	☐
Number of Images	3
Description Notes	Alvin L. Young filed this item under "Vietnam Veterans Twin Study."

Veterans Administration
Department of Medicine and Surgery
Washington, D.C. 20420

CIRCULAR 10-79-48
March 13, 1979

To : Directors, VA Medical Centers, Domiciliary, Outpatient Clinics, Medical and Regional Office Centers and Regional Offices with Outpatient Clinics (151)

SUBJ: Research Instrumentation

1. Current fiscal constraints require that there be careful review of any request for research equipment, whether it is submitted as part of a merit review application, a request to the Research Advisory Groups, or through any other review mechanism. Research and Development Letter, IL 15-75-2, issued in March 1975, was developed to establish guidelines for information which would facilitate review of equipment requests. The purpose of this Circular is to reinforce those guidelines, and to describe the type of equipment control which should be assured at all health care facilities.

2. Acquisition of Additional or Replacement Equipment. All requests for equipment which exceed a total of $5,000 or cost $2,000 or more per individual item will include the following information as far as applicable to each item requested:

a. Names and projects of all investigators who will use this equipment.

b. The approximate hours per week the equipment will be used by each investigator.

c. Detailed description of chosen instrument; technical specifications as provided by the manufacturers; identification of other similar equipment which had been considered; and, reasons the requested instrument is preferred.

d. List of all presently available equipment at your facility which can perform the same function (as it is, or with an accessory) as that now requested; reasons why an additional instrument is required. Include a copy of the usage log of the available instrument in question.

e. If requested equipment will be used in conjunction with other available instruments or any parts of them, identify these instruments, their function, and the interface of the various parts.

f. Additional information appropriate to the particular request, including information about local factors, such as availability of service for upkeep of a complex piece of equipment. Without

this information, a request cannot be acted upon favorably. For merit review proposals, this information should be submitted as an addendum.

3. Equipment Utilization. Review and documentation of equipment utilization at each health care facility should be sufficient to assure that all available equipment is being optimally utilized. At the time of the annual inventory of research equipment and the signing of the Consolidated Memorandum Receipt (CMR), a systematic review will be undertaken to determine utilization, potential for sharing, or the need for disposal (MP-2, Subchapter E, Sec. 108-27.5302-3(c)).

4. Disposal of Equipment. Equipment which is not being utilized to an extent which continues to justify its retention should be made available for transfer to another health care facility through the Central Research Instrument Program (CRIP). In order to encourage increased use of CRIP by health care facilities, the following actions will be taken:

a. Any health care facility which turns in to CRIP a non-utilized equipment item that is subsequently transferred in good condition and utilized in another VA research program will receive from VACO undesignated non-recurring Program 821 funds.

b. These funds will equal one-half the estimated value established by CRIP for each piece of equipment. This amount will be obtained only if the equipment is in good working condition when received. Where repairs are required, the cost will be subtracted from this amount. Funds will be transferred to the health care facility that has turned in the equipment after the equipment has been received and placed into use at another VA health care facility.

c. Health care facilities which turn in surplus equipment to CRIP will receive priority consideration when they subsequently request equipment from CRIP.

d. To assure that equipment is not damaged or lost en route to the receiving facility, instructions for packing equipment will be made available by CRIP to donor health care facilities.

5. Responsibilities of the Research and Development Committee. The Research and Development Committee should assure that all equipment requests are fully justified and documented. The committee will determine whether the equipment requested, or a suitable alternative, is available, or can be made available, and should consider alternate equipment which might be used more economically. The committee will periodically

review all equipment utilization in the research program to identify and determine the best disposition of underutilized equipment.

6. Research Equipment Subcommittee. Health care facilities with large or complex research programs may establish a Research Equipment Subcommittee to advise the Research and Development Committee on these matters. The membership of the committee should include a biomedical engineer, if available to the facility, a basic scientist, the Administrative Assistant to the Associate Chief of Staff (ACOS) for Research and Development, and one or more investigators having a broad knowledge of research instrumentation.

7. Responsibilities of the Associate Chief of Staff for Research and Development. Whether the Research and Development Committee assumes primary responsibility for equipment review itself, or delegates this review to a subcommittee, the equipment program will be coordinated with the ACOS for Research and Development, who is responsible for its administration. The subcommittee should be certain that appropriate technical and scientific expertise is available for proper administration of the equipment program.

8. Any questions regarding the procedures for implementing this policy may be referred to :

James O. Wear, Ph.D., (151B)
Chief, Central Research Instrument Program
Veterans Administration Medical Center
North Little Rock Hospital Division
Little Rock, Arkansas 72206
FTS 740-1525

DONALD L. CUSTIS, M.D.
Deputy Chief Medical Director

Distribution: COB: (10) only plus (151C) 15
SS (101B1) FSB: HA, DO, OC, OCRO
EX: Box 66-6, Boxes 61, 71, 76-1 ea. and 77-5 ea.