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| American Venous Forum | | | | LEAVE BLANK—FOR AVF RESEARCH REVIEW COMMITTEE USE ONLY. | | | | | | | | |
| RESEARCH REVIEW COMMITTEE | | | | Grant Deadline | | | | | Grant Resubmission | | | |
| AVF-JOBST Grant Application - 2023 | | | | Review Date | | | | | Date Received | | | |
|  | | | | | | | | | | | | |
| TITLE OF PROJECT | | | | | | | | | | | | |
| CHECK TYPE OF APPLICATION OUTCOMES BASIC SCIENCE | | | | | | | RESUBMISSION **YES NO** | | | | | |
|  | | | | | |  | | | | | | |
| **PRINCIPAL INVESTIGATOR NAME** *(Last, first, middle)* | | | | | | DEGREE(S) | | | | | | |
| POSITION TITLE | | | | | | E-MAIL: | | | | | | |
| SECTION | | | | | | TELEPHONE: | | | | | | |
| UNIVERSITY MAILING ADDRESS | | | | | | FAX: | | | | | | |
|  | | | | | |  | | | | | | |
| MENTOR NAME | | | | | | MENTOR DEPARTMENT & SECTION | | | | | | |
|  |  | | | |  | | | | |  | | |
| HUMAN SUBJECTS  No  Yes | If “Yes”, IRB approval date: | | | | ANIMALS  No  Yes | | | | | If “Yes”, IACUC approval date: | | |
|  | | | | | |  | | | | | | |
| DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)* | | | From | | | | | | Through | | | Costs requested: | |
|  | | | | | | |  | | | | | | |
| Use of radioisotopes in or on humans  No  Yes | | | | If yes, date of committee approval: | | | | | | | | | |
| Use of radioactive materials  No  Yes | | | | If yes, date of RPC approval: | | | | | | | | | |
| Use of recombinant DNA  No  Yes | | | | If yes, specify: | | | | | | | | | |
| Use of human body substances  No  Yes | | | | If yes, specify: | | | | | | | | | |
| Use of etiologic agents  No  Yes | | | | If yes, specify: | | | | | | | | | |
| Use of proprietary materials  No  Yes | | | | If yes, specify | | | | | | | | | |
|  | | | | | | |  | | | | | | |
| FOR REVIEW COMMITTEE USE ONLY: (Assigned Reviewer) | | | | | | | FOR REVIEW COMMITTEE USE ONLY: (Assigned Reviewer) | | | | | | |
| Name | | | | | | | Name | | | | | | |
| Address | | | | | | | Address | | | | | | |
| Telephone | | | | | | | Telephone    Ann Arbor, MI 48109-1274 | | | | | | |
| FAX | | | | | | | FAX | | | | | | |
| E-Mail | | | | | | | E-Mail | | | | | | |
| PRINCIPAL INVESTIGATOR ASSURANCE:  I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. | | | | | | | SIGNATURE OF PI | | | | | | DATE |
| MENTOR PRINTED NAME | | | | | | | SIGNATURE MENTOR (*required*) | | | | | | DATE |

Please briefly mention how you heard about the AVF-JOBST Clinical Research Grant:

**DESCRIPTION/ABSTRACT.** State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, could become public information. Therefore, do not include proprietary/confidential information. **Do** **not exceed the space provided.**

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| PERFORMANCE SITE(S) *(organization, city, state)* |

**KEY PERSONNEL**

Name Organization Role on Project

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Type the name of the principal investigator and mentor.

**avf RESEARCH COMMITTEE**

**AVF-jOBST CLINICAL RESEARCH GRANT**

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| Budget justification |  |
| Biographical Sketch-Principal Investigator *(Not to exceed two pages)* |  |
| Biographical Sketch-Mentor *(Not to exceed two pages for each)* |  |
|  |  |
|  |  |

**Research Plan**

|  |  |  |
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|  | |  |
|  | |  |
| a. Specific Aims *(Items a-d not to exceed 6 pages)* |  |
| b. Background and Significance *(Items a-d not to exceed 6 pages)* |  |
| c. Preliminary Studies *(Items a-d not to exceed 6 pages)* |  |
| d. Research Design and Methods *(Items a-d not to exceed 6 pages)* |  |
| e. Human Subjects |  |
| f. Vertebrate Animals |  |
| g. Statistical evaluation |  |
| h. Literature Cited |  |
| i. Collaborators |  |
| j. Consultants |  |

**BUDget justification: (Do** **not exceed the space provided)**

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| **BIOGRAPHICAL SKETCH (PI)**  Provide the following information for the key personnel **DO NOT EXCEED 2 PAGES.** | | | | |
|  | | | | |
| NAME | | POSITION TITLE | | |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* | | | | |
| INSTITUTION AND LOCATION | DEGREE  *(if applicable)* | | YEAR(s) | FIELD OF STUDY |
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1. **Positions and Honors:**

**Professional Experience**

**Honors and Awards**

1. **Selected Peer-Reviewed Journals and Publications (Last 5 publications related to the subject)**

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| **BIOGRAPHICAL SKETCH (MENTOR)**  Provide the following information for the key personnel **DO NOT EXCEED 2 PAGES.** | | | | |
|  | | | | |
| NAME | | POSITION TITLE | | |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* | | | | |
| INSTITUTION AND LOCATION | DEGREE  *(if applicable)* | | YEAR(s) | FIELD OF STUDY |
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1. **Positions and Honors:**

**Professional Experience**

**Honors and Awards**

1. **Selected Peer-Reviewed Journals and Publications (Last 5 publications related to the subject)**

**RESEARCH PLAN**

**a. SPECIFIC AIMS** *(Items a-d not to exceed 6 pages)*

**b. BACKGROUND AND SIGNIFICANCE** *(Items a-d not to exceed 6 pages)*

**c. PRELIMINARY STUDIES** *(Items a-d not to exceed 6 pages)*

**d. RESEARCH DESIGN AND METHOD** *(Items a-d not to exceed 6 pages)*

**e. HUMAN SUBJECTS**

**f.** **VERTEBRATE ANIMALS**

**g. STATISTICAL EVALUATION**

**h. LITERATURE CITED**

**i. COLLABORATORS**

**j. CONSULTANTS**