Clinical/Translational Research
Grant Application and Instructions

Application deadlines:
November 1st for grants activated on February 1st
May 1st for grants activated on August 1st.

Purpose:
To promote faculty career development and initiation of new research pathways in the Department of Anesthesiology and to give researchers an opportunity to gather data suitable for both publication and as preliminary data for an extramural grant application.
Rules and Guidelines:

1. The applicant must have a permanent primary faculty appointment in the Department of Anesthesiology.
2. Research must involve human subjects, and have direct relevance to the specialty of anesthesiology.
3. Applications may request up to $70,000/year, for up to 2 years, to include salary support for investigator and support personnel.
4. Institutional Review Board applications must be approved, or submitted and pending, at the time of grant submission.
5. Applications must be received by the Division of Clinical and Translational Research (DoCTR) no later than November 1st for grants activated on February 1st, and May 1st for grants activated on August 1st.
6. Submission packet should include the signed original application, and one copy.
7. Applications should describe briefly all previous, current and pending intramural and extramural research support to the applicant, if any, and any other research projects in which the applicant is currently involved, or will be involved, during the period of proposed funding.
8. For two year awards, a progress report must be submitted three months before expiration of first award.
9. All Award Applications (which may include renewal of a previous grant) will be reviewed and evaluated by the DoCTR Selection Committee and awards will be given at the sole discretion of the Selection Committee.
10. Awards will be to projects which are judged by peer review to have high scientific merit, potential for extramural funding, and probability of success.
11. Award recipients will be notified by January 1 or July 1 with the activation of funds to be made one month later. IRB approval is needed for grant activation.
12. All publications resulting from research which has utilized any DoCTR Award Funds should cite this support as: “Supported (or Supported in part) by a grant-in-aid from the Division of Clinical and Translational Research of the Department of Anesthesiology, Washington University School of Medicine, St. Louis, Missouri”
13. A final progress report on all grants is due within one month of the end of the grant.
14. Recipients of grants funded by the Division of Clinical and Translational Research will be required to present at a DoCTR research seminar upon completion of the project.
15. Recipients of grants funded by the Division of Clinical and Translational Research will be required to complete the online GCP course offered by the division.
16. Please submit copies of any abstracts or publications arising from the research to the DoCTR Division Administrator.

For questions or assistance please contact the DoCTR Office at: Tel: (314) 747-3369; Fax: (314) 747-3371 Kathy Reeves
DEPARTMENT of ANESTHESIOLOGY  
Division of Clinical and Translational Research  

Application Guidelines  

FORMAT  
The application format and review process by the Department of Anesthesiology Division of Clinical and Translational Research are similar to those used for extramural grants by the National Institutes of Health and the Foundation for Anesthesia Education and Research (FAER). Applications must be written by the applicant.  

1. COVER PAGE  
   • Title of research proposal  
   • Name of the applicant, academic degrees, faculty rank  
   • Proposed starting and completion dates (February 1st or August 1st)  

2. BIOSKETCH of the applicant (limited to FOUR pages). Use the NIH Biosketch template.  

3. BIOSKETCH of the mentor (limited to FOUR pages). Use the NIH Biosketch template.  

4. BUDGET. Complete the budget sheets that are provided, including justification of expenses.  

5. ABSTRACT (separate page, limited to no more than 250 words). Concisely state the broad, long-term objectives and specific aims of the project, relationship to anesthesiology, and research design and methods. The abstract should be a succinct and accurate description of the proposed work that is understandable apart from the application.  

6. RESUBMISSION STATEMENT (for revised applications only) Provide a one-page summary of the differences between this and the previous application. Resubmissions MUST address the critiques point-by-point, even if for different programs.  

7. RESEARCH PLAN. This part of the application (Item 6) is limited to 12 double-spaced pages including tables, figures, charts, graphs, references, and appendices, minimum type: 12 pitch (type size used in this paragraph). If the type or page limit is exceeded, the grant will not be reviewed. Label each section with the underlined words shown below.  

   a. Specific Aims: State the long-term objectives and describe concisely what the research is intended to accomplish and any hypotheses to be tested.
b. **Background and Significances**: Briefly sketch the background to the present proposal, critically evaluate existing knowledge, and identify gaps that this project is intended to fill.

c. **Preliminary Studies**: Use this section to provide an account of the applicant’s preliminary studies pertinent to the application and/or any other information that will help to establish the experience and competence of the investigator to pursue the proposed project.

d. **Experimental Design and Methods**: Describe in detail the experimental design and the procedures to be used to accomplish the specific aims of the project. Include the means by which the data will be collected, analyzed, and interpreted. Describe any new methodology and its advantage over existing methodologies. Discuss the potential difficulties and limitations of the proposed procedures and alternative approaches to achieve the aims.

e. **References**: Cite relevant literature.

f. **Personal Development**: Indicate the benefits of this program to the development of the applicant as an independent investigator.

8. **MENTORSHIP PLAN**

9. **CONTINUED RESEARCH/PUBLICATION**:  
The purpose of the DoCTR grant program is to promote faculty career development and initiation of new research pathways in the Department of Anesthesiology, to give researchers an opportunity to gather data suitable for both publication and as preliminary data for an extramural grant application. Please outline your plans for publication, continued research and grant applications utilizing the data gathered from the research described in this application.

10. **APPROVAL LETTER FROM HUMAN STUDIES COMMITTEE** (or documentation of pending approval)
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1. Justification of costs:

2. Describe facilities, equipment, supplies and services that are available for the completion of this project.

3. Describe briefly all previous, current and pending intramural and extramural research support to the applicant, if any, including the 1) source (sponsor), 2) funding dates, 3) aims, 4) amount awarded, and 5) publications.

4. Describe briefly any other research projects in which the applicant is currently involved, or will be involved during the period of proposed funding. For each, indicate the degree and source of funding, and the extent of overlap with the present project.
Acceptance of Term and Conditions:

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.

Signed:____________________________________ Date:_____
(Type or print name and title)

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CHECKLIST FOR SUBMITTING DoCTR GRANT PROPOSAL

Before sending your application for a Washington University School of Medicine Department of Anesthesiology Division of Clinical and Translational Research Grant please read over the guidelines and application format again very carefully for specifics and check your application for the following:

1. The original and one copy of Research Application
2. Biosketch of Applicant (limited to 4 pages)
2. Biosketch of Mentor (limited to 4 pages)
3. Budget and Justification Forms
4. Abstract (limited to 250 words, double-spaced)
5. Resubmission Statement (for revised application only)
6. The Research Plan
   - Proposal is DOUBLE SPACED
   - 12 pages or less including references, tables & figures
     a) Specific Aims
     b) Background and Significance
     c) Preliminary Studies
     d) Experimental Design and Methods
     e) References
     f) Personal Development
7. Mentorship Plan
8. Approval letter from Human Studies Committee (or documentation of pending approval)
9. Signed acceptance of Terms and Conditions
THE FORMS ON THE FOLLOWING PAGES ARE FOR USE AT THE END OF THE GRANT PERIOD

Progress report on all grants is due within one month of the end of the grant.

Request for no-cost extension: To be submitted in conjunction with a progress report, if additional time is needed to complete the project.
PROGRESS REPORT  
Division of Clinical and Translational Research Grant

Principal Investigator: _____________

Title of Project: _________________
Grant Period: _________________

IRB Approval Number: _____________ Date Report Prepared:

a. **Specific Aims.** Summarize the Specific Aims of the project as approved by the Advisory Committee. If there was modification of the Specific Aims from the original approved application, describe the revised aims.

b. **Studies and Results.** Describe the studies directed toward specific aims and the results obtained to date. Include negative results. If technical problems were encountered in carrying out this project, describe how your approach was modified.

c. **Significance.** Provide a summary of the key findings to date. Emphasize the significance of the findings to the scientific field and their potential impact on health.

d. **Enrollment of Research Subjects.** Report the annual cumulative enrollment of subjects to date and the targeted enrollment. If there were changes from the targeted/planned enrollment originally approved for funding, provide an explanation for the change. Describing the data that has been collected to date. Describe serious adverse events that occurred (any IRB reports sent).

c. **Pending or Future Projects.** Describe any pending or future projects that are taking place or are planned based on this study.

d. **Publications.** Provide one copy of each publication resulting directly from this grant. List the titles and complete references to all publications, manuscripts accepted for publications, patents and other printed materials that have resulted from this project. This includes manuscripts that are in progress or planned. State if there have been no publications and provide a succinct account of unpublished results, indicating progress toward their achievements.

e. **Justification for 2nd Year of Funding (if applicable).**
REQUEST FOR NO-COST EXTENSION
Division of Clinical and Translational Research Grant

Principal Investigator: _____
Project Title: _____
IRB Number: _____ Fund Number: _____
Start date: _____ Current end date: _____
Request extension to: _____

Progress to Date:

Brief Justification:

_________________________________________  Date: _____
Principal Investigator’s signature

_________________________________________  Date: _____
CRD Director’s Approval