



2018 HTRS MENTORED RESEARCH AWARD PROGRAM

APPLICATION FORM

This Application Form is a required component of all pre-proposal and invited full proposal applications to the HTRS Mentored Research Award Program.

Check one:

I am submitted this Application Form with my MRA Pre-proposal.

Complete all fields below and save this document to your files. When you are ready to save and submit your pre-proposal as a single PDF document, this form should appear as the first component of your pre-proposal.

I am submitting this Application Form with my invited MRA full proposal.

If you are invited to submit a full proposal, please update this application form as needed. When you are ready to save and submit your full proposal as a single PDF document, this form should appear as the first component of your full proposal.

DATE APPLICATION SUBMITTED:

APPLICANT INFORMATION

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Official Title or Position (Fellow, Instructor, Assistant Professor, etc.)

Primary Institutional Affiliation

Applicant's Institutional Mailing Address

City	State/Province
<input type="text"/>	<input type="text"/>

Zip Code	Country
<input type="text"/>	<input type="text"/>

Office Phone	Mobile Phone
<input type="text"/>	<input type="text"/>

Email Address

Medical Degree	Date Medical Degree Obtained
<input type="text"/>	<input type="text"/>

Name of Awarding Institution for Medical Degree

Other Postgraduate Education, Degrees, or Licensures (PhD, MS, etc.)

MENTOR INFORMATION

Primary Mentor's Name and Credentials (MD, PhD, etc.)

Primary Mentor's Official Title or Position

Primary Mentor's Email Address

Is the primary mentor present at the applicant's institution?

Yes

No

If no, list the primary mentor's institution name and address

Co-Mentor's Name and Credentials (MD, PhD, etc.)

Co-Mentor's Official Title or Position

Co-Mentor's Email Address

Is the co-mentor present at the applicant's institution?

Yes

No

If no, list the co-mentor's institution name and address

APPLICANT QUESTIONS

1. As of July 1, 2018, I will be a:

Fellow (still in training)

What month and year did you begin your fellowship:

What month and year do you plan to complete your fellowship:

Junior Attending/Junior Faculty (must be within seven years of completing fellowship as of July 1, 2018)

What month and year will you/did you complete your fellowship:

2. I am pursuing a career in:

Adult Medicine

Pediatric Medicine

Both Adult and Pediatric Medicine

3. I am pursuing a career in:

Hemostasis

Thrombosis

Both Hemostasis and Thrombosis

Another Specialty with a Substantial Component of, or Overlap with, the Disciplines of Hemostasis and/or Thrombosis (Name the specialty):

4. I am a current member of HTRS.

Yes

No

(If no, junior attending/junior faculty applicants are encouraged to join HTRS at www.htrs.org. Fellows are eligible for complimentary membership for the duration of their accredited fellowship program and are required to activate their free membership at www.htrs.org upon submission of their pre-proposal. Membership status will not affect award recipient selection.)

5. My primary mentor is a current member of HTRS.

Yes

No

(If no, the applicant's primary mentor is required to join HTRS at www.htrs.org no later than the pre-proposal deadline. If the applicant is selected as an MRA recipient, the primary mentor must maintain active HTRS membership for the duration of the grant period.)

6. Project Title

7. Project Summary (100 words maximum)

8. This research project is primarily focused on the area of: (Choose all that apply)

A. Hemostasis Disorders, such as:

- a. Hemophilia
- b. Von Willebrand Disease
- c. Platelet Disorders (Immune Thrombocytopenias, Platelet Function Disorders)
- d. Other Rare Bleeding Disorders (Explain):

e. Other Hemostasis Disorders (Explain):

B. Thrombosis Disorders, such as:

- a. Deep Vein Thrombosis
- b. Pulmonary Embolism
- c. Other Thrombosis Disorders (Explain):

C. Other (Explain):

9. This research project is focused on disorders that are:

Congenital

Acquired

Both Congenital and Acquired

Not Applicable

Other (Explain):

10. This research project is best categorized as:

A. Clinical Research, where the primary focus is:

- a. Patient-Based Clinical Study
- b. Epidemiological
- c. Translational (where the primary emphasis is a clinical study and any laboratory component is secondary)
- d. Other Clinical Research (Briefly explain):

B. Basic Science/Laboratory Research, where the primary focus is:

- a. Molecular Biology (e.g., gene therapy, cell signaling)
- b. Pharmacology
- c. Physiology
- d. Translational (where the primary emphasis is a laboratory component)
- e. Other Basic Science/Laboratory Research (Briefly explain):

11. This research project is focused on:

Adults

Children and/or Adolescents

Both Adults and Children/Adolescents

Not Applicable

12. This project involves:

Human Subjects/Institutional Review Board (IRB) Approval

Animal Studies/Certification of Compliance with Animal Welfare/Laboratory Animal Regulations and Standards

Both

Not Applicable

13. My institutional research facilities include the following that apply to my project:

(Choose all that apply)

Molecular Biology Core Lab (e.g., primer construction)

Imaging Core Lab

Genomics and/or Proteomics Core

Pathology Support (e.g., immunohistochemistry, hematopathology, clinical chemistry, microbiology)

Small Animal Facility

Biostatistical Center

Clinical Research Center

Other (Explain):

None

14. I certify that I will be working in the U.S. or Canada for the duration of the MRA grant period.

Yes

No

Note: MRAs are restricted to U.S. or Canadian investigators.

15. I certify that at least 20% my total time is protected for working on the HTRS MRA project.

Yes

No

If No, explain:

16. **For Pre-proposal Applicants Only:** Pre-proposal applicants are required to identify resources for obtaining statistical support for their research study design and implementation in their pre-proposals. Applicants without access to institutional or other local statistical support adequate for the project and/or within his/her project budget are strongly encouraged to request complimentary support from HTRS to develop their research study design and statistical plan, which is required for the full proposal.

Check one:

I will need statistical support from HTRS and have explained the reasons for this need in my pre-proposal narrative. (Successful pre-proposal applicants will be contacted by a statistical consultant)

I have adequate institutional or other local statistical support for my project and I have identified these resources in my pre-proposal narrative.

17. Required Order of Application Documents (must be submitted in the following order as one PDF document, with this Application Form as the first component of the document):

Pre-proposal Application (Required Order):

MRA Application Form

Pre-proposal Narrative and References

Full Proposal Application (Required Order):

MRA Application Form

Career Goals Statement

Full Proposal Project Narrative and References

Letter of Support from the proposed Primary Mentor

Letter of Support from the proposed Co-mentor (if applicable)

Letter of Support from the Applicant's Department Chairperson or Division Chief

A copy of the Applicant's current NIH Biosketch

A copy of the current NIH Biosketch for the Primary Mentor

A copy of the current NIH Biosketch for the Co-mentor (if applicable)

Project Budget