



## 2019 HTRS MID-CAREER RESEARCH AWARD (MCRA) PROGRAM

### APPLICATION FORM

This Application Form is a required component of all Letter of Intent (LOI) AND Full Proposal applications to the HTRS Mid-Career Research Award (MCRA) Program.

Check one:

**I am submitting this Application Form with my MCRA LOI.** Complete all fields below and save this document to your files. When you are ready to compile and submit your LOI as a single PDF document, this form should be the first component of your document.

**I am submitting this Application Form with my MCRA Full Proposal.** Please update this form, if needed, to reflect any changes since your LOI submission. When you are ready to compile and submit your Full Proposal as a single PDF document, this form should appear as the first component of your document.

**DATE APPLICATION SUBMITTED:**

**PRIMARY APPLICANT/PRINCIPAL INVESTIGATOR INFORMATION**

First Name

M.I.

Last Name

Credentials

Official Title or Position (e.g. Associate Professor, Professor, Director, etc.)

Applicant's Primary Institutional Affiliation

*Eligible applicants must be employed at a university, hospital, hemophilia and/or thrombosis treatment center, or other non-commercial research institution in the U.S. or Canada. Applicants working for commercial research laboratories are not eligible to apply.*

Applicant's Institutional Mailing Address

City

State/Province

Zip Code

Country

Applicant's Office Phone

Applicant's Mobile Phone

Applicant's Email

What month and year did you complete your medical or postdoctoral fellowship?

*Primary Applicants/Principal Investigators must be between 8-15 years out of medical or postdoctoral fellowship as of the deadline for the LOI to be eligible.*

**COLLABORATOR/CO-PRINCIPAL INVESTIGATOR INFORMATION (if applicable)**

*Primary applicants who are PhD researchers proposing a collaborative research project with at least one other eligible mid-career physician-scientist (i.e. the Collaborator/Co-Principal Investigator) should list the first collaborating physician-scientist's information below.*

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

Official Title or Position (e.g. Associate Professor, Professor, Director, etc.)

Collaborator's Primary Institutional Affiliation

Collaborator's Institutional Mailing Address

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

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

|                             |                             |
|-----------------------------|-----------------------------|
| Collaborator's Office Phone | Collaborator's Mobile Phone |
| <input type="text"/>        | <input type="text"/>        |

Collaborator's Email

What month and year did the Collaborator/Co-principal Investigator complete his/her medical fellowship:

*Collaborators/Co-principal Investigators must be between 8-15 years out of medical fellowship as of the deadline for the Letter of Intent to be eligible.*

**PRIMARY APPLICANT/PRINCIPAL INVESTIGATOR QUESTIONS**

1. I am a current Core Member of HTRS.

Yes

No

*If no, Primary Applicants/Principal Investigators are required to join HTRS at [www.htrs.org](http://www.htrs.org) at the Core Member level prior to submitting your LOI. (Primary Applicants/Principal Investigators are required to be HTRS Core Members in good standing to apply.)*

2. I certify that I will be working in the U.S. or Canada for the duration of the 2019 MCRA grant period.

Yes

No

*Note: MCRA's are restricted to U.S. or Canadian investigators.*

**3. Previous Grants Received**

Please contact the HTRS Executive Director at [Lorilyn.Jacobsen-Tews@bcw.edu](mailto:Lorilyn.Jacobsen-Tews@bcw.edu) with any questions about previous grants received and their effect on eligibility prior to taking the time to prepare your LOI.

A. I certify by checking this box that I have NOT received any of the following grants:

- National Institutes of Health (NIH) Research Project Grants (R01s)
- NIH Program Project Grants/Center Grants (P-Series Grants)
- NIH Grants for Collaborative Research (U-Series Grants)
- Equivalent Grants from the NIH or elsewhere (e.g. Canadian Institutes of Health Research (CIHR): Project Grants and Foundation Grants)

B. I have received an NIH K-Series Grant (or the equivalent Career Development Award - CDA)

Yes  No

If yes:

Month/Year K-award or CDA began:

Month/Year K-award or CDA will end/ended:

Name of the K-award/CDA that you received:

*Applicants with NIH K-Series Grants (or the equivalent CDA) may apply during the final two years of their K-award/CDA (or up to four years after the end of their K-award/CDA), but are no longer eligible if four or more years have passed since the end of their K-award/CDA.*

4. My career as an academic physician-scientist or PhD researcher is focused on:

- Adults
- Pediatrics
- Both Adults and Pediatrics
- Not Applicable

5. My career/research interest as an academic physician-scientist or PhD researcher is focused on:

- 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):

6. Project Title

7. Project Summary (100 words maximum)

8. This research project is primarily focused on:

Check 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 or Mild Bleeding Disorders: (Explain)

e.  Other Hemostasis Disorders: (Explain)

B.  Thrombosis Disorders, such as:

a.  Deep Vein Thrombosis

b.  Pulmonary Embolism

c.  Sickle Cell Disease

d.  Other Thrombosis Disorders: (Explain)

c.  Other: (Explain)

*Other topics may be considered as long as they have a substantial component of, or overlap with, the disciplines of hemostasis and/or thrombosis (such as obstetrics/gynecology, adolescent medicine, neonatology, etc.).*

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:

Check one:

Clinical Research (e.g. patient-based clinical or epidemiological studies)

Clinical/Translational Research (where the primary emphasis is a clinical study and any laboratory component is secondary)

Translational/Basic Science Research (where the primary emphasis is a laboratory component)

Basic Science Research (e.g. molecular biology, physiology, pharmacology, or biomarker studies)

11. This research project is focused on:

Adults

Children and/or Adolescents

Both Adults and Children/Adolescents

Not Applicable

12. This research 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:

Check 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)

14. A minimum of 20% of my total time will be used for the HTRS MCRA project.

- Yes
- No

If No, explain:

15. 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):

**Letter of Intent (LOI) - (Required Order)**

- MCRA Application Form
- LOI Narrative and References

**Full Proposal Application (Required Order)**

- MCRA Application Form (please update this form if needed )
- Full Proposal Narrative and References
- Letter of Support from the Primary Applicant/Principal Investigator's Department Chairperson or Division Chief
- Copy of the Primary Applicant/Principal Investigator's Current NIH Biosketch
- Copy of the Current NIH Biosketch for the Collaborator/Co-Principal Investigator (if applicable)
- Project Budget
- Project Budget Narrative