



## **SUPPORT FOR ONGOING CLINICAL RESEARCH IN THALASSEMIA**

The Cooley's Anemia Foundation invites national and international applicants to apply for grants to support ongoing clinical research projects in thalassemia.

The goal of this initiative is to support investigators from all disciplines and backgrounds (MD, RN, PhD, MPH, MSW or other disciplines) with their ongoing clinical projects to address one or more of the following areas impacting patients with thalassemia, including but not limited to: cardiac issues and iron overload; fertility, pregnancy and family planning; quality of life, psychosocial impact and/or burden of disease.

The stipends will be \$50,000 annually with possibility of one-year renewal upon submission of a renewal application. Approval will be based upon determination of

### **Mailing address:**

Satisfactory progress and availability of funds. Funds may be used for either salary or non-salary purposes, but the administrative cost is limited to 10% of the total amount granted.

This level of funding would be appropriate for support of innovative small-scale pilot studies, observational trials, or ancillary support for ongoing interventional studies (for example, support of a trainee joining an existing trial, or new biological endpoint analyses for an existing trial). In the case of ancillary studies, investigators should clearly document the support for the parent trial in their "other support" declarations.

Junior and senior faculty are eligible; fellows and trainees are not eligible. Investigators must interact directly with patients or patient-related data. Basic research, when included in this "Ongoing Clinical Research" program, must be related to a **direct clinical focus of the grant application**.

Assurance must be given that adequate facilities exist and will continue to be available to conduct the research project and that the project has been reviewed and approved by the appropriate committee or governing body on human research. The research may not be conducted at a for-profit laboratory.

### **Letters of Intent:**

Interested individuals are invited to submit a letter of intent by **December 20, 2018**, which includes the name of primary applicant, affiliation, and focus of proposal (not to exceed one paragraph). The completed application is due **Monday, February 4, 2020**. Both the letter of intent and the application should be emailed in PDF format to: **[info@thalassemia.org](mailto:info@thalassemia.org)**

## **GUIDELINES FOR COMPLETING APPLICATION:**

### **COVER PAGE**

Please complete and attach the form provided on page 4.

### **ABSTRACT** (Not to exceed 250 words)

It is requested that in presenting your abstract you use language easily understandable by a non-technical reader.

### **PROPOSAL** (sections I to IV should not exceed 10 pages)

- I. RATIONALE** (not more than 1 page)  
Explain the theoretical basis of the hypothesis to be tested.
- II. REVIEW OF LITERATURE** (not more than 3 pages)  
Present a coherent view of the present state of research in the field. If any contributions have been made by you and/or your sponsor, describe these separately.
- III. DETAILED RESEARCH PROPOSAL** (not more than 5 pages)  
Describe the proposed study, including method and references. Include plans for alternative strategies if initial approaches are unsuccessful.
- IV. FACILITIES AVAILABLE** (not more than 1 page)
- V. OTHER SUPPORT OF THE APPLICATION & SPONSOR**  
Please list title, amount per year and duration of all research support including pending applications, whether related to this proposal or not. When this grant is proposed to be used for ancillary studies to an ongoing clinical trial, the financial support of the trial must be cited here.
- VI. HUMAN SUBJECTS**  
Explain the risk, risk-benefit ratio, and methods of obtaining informed consent and of preserving confidentiality; submit evidence of approval of the project by the human research committee of the sponsoring institution. For drug studies, include documentation of FDA approval for use of an investigational new drug (IND) if applicable.
- VII. BIOGRAPHICAL SKETCH AND CAREER PLAN**

Submit a biographical sketch. If any previous publication is related to thalassemia, identify with an asterisk. Submit a paragraph describing your short-term and long-term career goals.

**VIII. REFERENCES (Junior Faculty Applicants Only)**

Junior faculty applicants must submit the names of two individuals under whose supervision you have worked or trained most recently. Ask each of them to comment on your knowledge, training and research ability by sending letters in PDF format to [info@thalassemia.org](mailto:info@thalassemia.org)

Applications from junior faculty applicants **will not** be considered unless all letters of reference have been received. It is the responsibility of the applicant to ensure that the letters of recommendation have been sent by **Monday, February 4, 2019** deadline. Letters of recommendation submitted with the application will not be considered.

**IX. BUDGET FOR PERIOD July 1, 2019 to June 30, 2020**

Support is available for salary, fringe benefits, study-related costs, and a maximum 10% for administrative costs.

**A.** Salary and Fringe Benefits (Please indicate total salary and all other sources of support, if any).

**B.** Non Salary expenses

**C.** Total (not to exceed \$50,000)

**X. AGREEMENTS**

Please attach completed page 5.

COVER PAGE

Title of research proposal:

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Applicant (name and title):

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Mailing address:

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Telephone and e-mail:

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Disbursement Information

Institution Contact: \_\_\_\_\_

Department: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Institutions Federal Identification Number: \_\_\_\_\_

Institution Mailing Address:

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## **AGREEMENT**

I agree with the policies of the Cooley's Anemia Foundation concerning this application. I certify that I have appropriate facilities to complete the proposed research. Subsequent publications will acknowledge funding by the Cooley's Anemia Foundation.

**Applicant Name:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

### **Additional Signatures**

**Chairman or Director, Name and Department:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Administrative Officer (name):**

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Financial Officer (name)**

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Approved Human Research Committee Chairman (name):**

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_