**DONALD GUTHRIE FOUNDATION**

## APPLICATION FOR INVESTIGATOR-INITIATED RESEARCH GRANT

## Return completed application to: Burt Cagir, MD, FACS

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| **Title of Proposal:**       |
| **Principal Investigator:**       |
| **Phone:**       **Email:**       |
| **Dept/Division:**       |
| **Sub-Investigator(s) including Residents/Fellows:**       |
| **Protocol Synopsis** |
| **Description:**       |
| **Study Design:**       |
| **Study Type:**       |
| **Estimated Enrollment:**       |
| **Investigational and reference therapy (if any):**       |
| **Primary Outcome:**       |
| **Secondary Outcome:**       |
| **Inclusion/Exclusion Criteria:**       |
| **Data Source:**       |
| **Statistical analysis:**       |
| **Funds Requested:** |
| **Category** | **Description** | **Budget Detail** | **Cost** |
| Supplies, effort, mileage, etc |       |       |  |
| Statistical Analysis |       |       |  |
| Publication |       |       |  |
| Total Cost |       |       |  |

**Attestation of Principal Investigator**: I understand that funding by Donald Guthrie Foundation contributes to scholarly activity of Residents, Fellows and Faculty Attendings. I agree to include participating Residents, Fellows, and Faculty Attendings in the publication of results of the research.

**PI Signature:       Date:**

\*\*Approval of grant does not imply IRB approval. All requests for funds must be in consultation with the Research Dept.

**Approval:**        **Donation Fund:**