**DONALD GUTHRIE FOUNDATION**

## APPLICATION FOR INVESTIGATOR-INITIATED RESEARCH GRANT

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**