

Application: NUMBER

NAME - email

Cutting Edge Research Grant

Summary ID:

Application Number



CERG Application Form

Incomplete

CERG Application

General Information

| | |
|--------------------------------------------|---------------|
| Current Position | (No response) |
| Position during period of proposed support | (No response) |
| IRB Number (if applicable) | (No response) |

Research Topic Title

(No response)

Initiation Date of Research

(No response)

Projected Completion Date of Research

The final research summary should be completed by December 31, 2020. If your research period is expected to be longer than one year to reach statistical validity, please indicate such in your application to ensure that the ASDS Research Work Group can consider it during their reviews

(No response)

ASDS Board-directed Research?

(No response)

ASDS Board-directed Research Topic:

Please view the list of Board-directed Research topics here.

(No response)

If ASDS Board-directed Topic, answer question: “How the overall specialty of dermatologic surgery will benefit from the research results (e.g. positioning dermatologic surgeons as innovators and/or experts, supporting patient safety or regulatory positions, etc.)?”

(No response)

Funding Amount Requested:

(No response)

Other Funding Amount:

(No response)

List details for all current and pending research support:

(No response)

Layman Statement

Summarize the proposed research for a non-scientific audience. This statement should briefly describe the research question and the project goals. Must not exceed 250 words

(No response)

Purpose and/or Objectives

A clear statement of the specific purposes of the study, identifying key variables.

(No response)

Brief History of related past studies that have been published in the area of this research project

(No response)

Hypothesis

Should include tentative answer to the research question to assess the adequacy of the proposal's suggested methods.

(No response)

Design and Methods

Must include the number of subjects required to answer the research question. Sample size calculation should indicate whether the study is feasible.

(No response)

Data Analysis

The data analysis section should correspond to the specific objectives

(No response)

Summary/Conclusion

(No response)

References

(No response)

The application allows to upload statistical graphs and calculations.

Site Information

Institution / Private Practice

| | |
|----------------------------------------|---------------|
| Name of Institution / Private Practice | (No response) |
| Phone | (No response) |
| Address | (No response) |
| City | (No response) |
| State | (No response) |

Sponsoring Department Service, Laboratory, or Equivalent

(if applicable)

| | |
|---------|---------------|
| Name | (No response) |
| Phone | (No response) |
| Address | (No response) |
| City | (No response) |
| State | (No response) |

Dean, Institutional Official, or Supervising Official

(if applicable)

| | |
|---------|---------------|
| Name | (No response) |
| Phone | (No response) |
| Address | (No response) |
| City | (No response) |
| State | (No response) |

Financial Institute/Private Practice that the check should be made out to

(Cannot be the name of the Principal Investigator/applicant)

| | |
|---------------------------------------------------------|---------------|
| Name | (No response) |
| Contact/Person's Name (To the Attention of this person) | (No response) |
| Phone | (No response) |
| Address | (No response) |
| City | (No response) |
| State | (No response) |

Signature of Program Director or if you do not have a Director, indicate your name (applicant / principal investigator)

(Type in name)

(No response)

Signature of Department Head or Equivalent (if applicable):

(Type in name)

(No response)

Signature of Institutional Official, Dean or Supervising Official (if applicable)

(Type in name)

(No response)

Certification

I certify that the statements in this application are true to the best of my knowledge. In the event that I receive simultaneous funds from the other sources other than this indicated in my application (except departmental funds of my sponsoring institution), I understand that my grant will be terminated as of the day I begin to receive such funds. I agree to immediately notify ASDS in writing and will return all unused award funds. I agree that the award funds will be used only for the purpose reflected in my application. Any unused funds will be returned to ASDS. I hereby agree to provide a written progress and financial report as a six-month progress report, a final report as specified, and to present my results at the ASDS Annual Meeting.

Signature of Principal Investigator/Applicant:

(Type in name)

(No response)