

**JOINT SECTION ON TUMORS:  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS  
CONGRESS OF NEUROLOGICAL SURGEONS  
AMERICAN BRAIN TUMOR ASSOCIATION  
CLINICAL RESEARCH GRANT APPLICATION**

Principal Investigator Information

Name \_\_\_\_\_

Present Position \_\_\_\_\_ Department \_\_\_\_\_

Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Name of institution/s where clinical research will be conducted.

\_\_\_\_\_

Title of proposed research \_\_\_\_\_

\_\_\_\_\_

Do you have IRB approval? \_\_\_\_\_

Have you applied, or do you intend to apply, elsewhere for a grant to support this trial?  
If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Attach a copy of your Curriculum Vitae. Include educational data; professional positions held; scholarship honors; membership in professional societies and other organizations. Be sure to include all grants received as well as all clinical trials directly involved in and role in those trials. List citations of your publications in chronological order. Copies of journal articles will not be accepted.

Co-investigators and their role: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application Requirements:**

- 1.** Submit a brief abstract summarizing the proposed project and its importance to brain tumor patients and impact on future research projects. Do not exceed 1 page.
- 2.** Submit research proposal in NIH grant format. Be sure to include background information, specific aims, timetable to completion, any potential partnerships or collaborations already present or planned for the project, eligibility criteria, and proposed accrual plan. List all references. Do not exceed 5 pages (not including references).
- 3.** Attach a proposed budget and budget justification. Do not exceed 2 pages.
- 4.** Attach a letter of support from your Department Chairperson or equivalent.

**CLINICAL RESEARCH GRANT APPLICATION** *(continued)*

**CERTIFICATION**

I certify that this application was authored by me.

\_\_\_\_\_  
Signature of the applicant

\_\_\_\_\_  
Date

The above applicant, if awarded this grant, will be accepted by this institution.

DEPARTMENT CHAIR

FISCAL OFFICER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Print or type name

Department \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Submit original, including attachments by February 15, 2011

Send to: [NREF@aans.org](mailto:NREF@aans.org)

You are requested to advise the ABTA Clinical Research Grant Director promptly should you decide to withdraw your application for any reason:

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