



# UNIVERSITY OF ALBERTA

## Department of Anesthesiology and Pain Medicine Dr Jean Hugill Research Award Competition

Deadline: May 16, 2025

### Type of Funding Requested:

- Clinical Research
- Educational Project
- Quality Improvement Project
- Health Services Research

<b>A. ADMINISTRATIVE DETAILS:</b>
<b>Title of Project:</b>
<b>Principal Investigator:</b>
Name
Position
Address
Phone
Email
<b>Co-Principal Investigator:</b> If applicable, please indicate any co-principal investigator(s) here.
Name
Position
Address
Phone
Email
<b>Collaborators:</b> Please list the name, position, affiliation and contact information for each collaborator.
<b>Please attach CVs of Principle Investigator(s) and Co-PIs, if relevant.</b>



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Lay summary (max 10 lines):

Relevance of application to DAPM:

Health Canada CTA approval:  yes  no  pending  not applicable

Research Ethics Board approval:  yes  no  pending

**Approvals:** Please obtain the signatures indicating review and approval as indicated.

PI:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Operational and/or Medical Lead Responsible for the Location of Conduct of the Study (ex Site/Division Chief)**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**B. PROJECT PROPOSAL:** Maximum of 4 pages in length (minimum 12 point font, 1 inch margins) not including figures or references.

***Please include the following sections/information:***

- Background/Justification
- Purpose, specific objectives, hypothesis or study question
- Project design/methodology
- Project Relevance and Impact, including patient/family involvement in planning, conduct or potential benefit

**PLEASE APPEND 4 PAGE PROPOSAL**

**C. OTHER INFORMATION:**

1. Ethical issues and study limitations (if any)

2. Timeframe

3. References (please attach additional pages if necessary).



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**D. FUNDING INFORMATION SUMMARY:** The maximum award amount is \$15,000, expendable over one year. Projects should be completed within the one year duration.

Anticipated start date of the project:

Proposed project duration:

Do we have your permission to share your proposal with internal stakeholders:

Yes       No

Have you secured other match funds for this proposal:       Yes       No

Is other matched funding dependent on DAPM funding  Yes       No

Please detail the funder for you matched cash funds, requested amount and decision date/funding decision. Please also indicate who will administer the funds (name, title, affiliation).

**E. Budget Request:** Please append a budget justification.