

## AOFAS Research Request Form

<p>Please fill out this form and email to:</p> <p>Hazel Oreluk, MA Director of Research horeluk@aofas.org 847-430-5085</p>	<p>Date: _____</p> <p>What type of research project is this this? (Check one.)  <input type="checkbox"/> Member Survey Project  <input type="checkbox"/> AOFAS Research Database Project  <input type="checkbox"/> Other large non-AOFAS Research Database Project</p>
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Project Title:
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Principal Investigator First Name, Last Name, Credentials:	Principal Investigator's Email:
Co-Investigators' First Name, Last Name, Credentials: (Please separate each with a semicolon.)	Co-Investigators' Email: (Please separate each with a semicolon.)

<p>Outside Support (Name, Institution, Address, Email, Phone of organizations, external grants, and/or agencies supporting this study.)</p>
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Brief Description (200 words). (For survey projects, this will be included in email to survey invitees.)

Background. Describe previous work that was published or presented with references cited and how existing studies relate to this project.

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Purpose/Specific Aims. State the purpose/specific aims/hypothesis for this study.

Study Design/Methods. Describe the study design/methods and how data will be collected and analyzed. Define the population you wish to study. Strongly consider providing justification of the number of patients/samples required. Discuss limitations/difficulties of the proposed project.

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Significance of the Study. State the importance of the research proposed and its potential impact on the field of foot & ankle surgery.

Budget. If applicable, provide itemized budget and intended sources of funding including industry support.

Request for AOFAS Resources. Outline expected need for AOFAS resources such as personnel, funding, or administrative support.

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Timeline (Start date, anticipated end date, other relevant endpoints, etc.)

Pertinent References. Cite references and number in the order in which they appear in the proposal.

Results Dissemination. Outline anticipated presentations and publications and/or other plans for dissemination of results.

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Appendix/Supplemental Materials. Biosketch for the PI (not required for surveys), documentation of IRB approval (if applicable), Conflict of Interest statements, copy of the survey, survey link, etc. You may also attach necessary documents to your email submission of this form.

There is a non-refundable \$200 USD application fee for all research requests. Please provide your credit card information below. Your receipt will be emailed to you.

Type of Card:

( ) Visa

( ) Mastercard

( ) American Express

( ) Other: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name on the credit card: \_\_\_\_\_

Email address where receipt should be sent: \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_