

# ISNS Research Grant Application

## Section 1 - Face Page

Name:   
(Last, First, Middle)

Date of Application:

Title of Research Grant:

Name of Practice/Institution:

Home/Cell Number:  Office/Lab Number:

Email Address:

Current Mailing Address:

ISNS will use this address for all mailing correspondences. Please notify us of any change in your address.

Specialty/Area of Practice:   
(i.e. orthopedics, spine, oncology)

Research Interests:

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## Section 2 - Biographical Sketch

Position Title:

Education/Training:  
(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training)

Institution and Location:

Degree (if applicable):

Year(s):  Field of Study:

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Degree (if applicable):

Year(s):  Field of Study:

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**A. Positions and Honors**

*List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.*

Positions and Employment:

Other Experience and Professional Memberships:

Honors:

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**B. Selected peer-reviewed publications**

*Do not include publications submitted or in preparation. For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference.*

Please List in Chronological Order:

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**C. Research Support**

*List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects).*

Ongoing Research Support:

Completed Research Support:

**D. Patient Population**

Number of patients/month with chronic pain?

Number of patients/month with acute pain?

Type of pain in your patient population (select all that apply):

- |  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Back                        | <input type="checkbox"/> Neck        | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Knee                        | <input type="checkbox"/> Neuropathic | <input type="checkbox"/> Pelvic   |
| <input type="checkbox"/> Fibromyalgia                | <input type="checkbox"/> Arthritic   | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Psychological manifestation |                                      |                                   |

Number of prescriptions written for oral pain medications per month?

Are you able to enroll at least 1200 patients/ year/ physician in the study?

- Yes  
 No

How many providers in your practice will participate in the study?

### Section 3 - Budget

Please provide your proposed budget for your research project for a two-year-period. Provide itemized budget and narrative justification. The budget may include salary, lab supplies/equipment and travel to present on the research project at professional meetings.

Budget Item:

Description:

Amount:

Budget Item:

Description:

Amount:

Budget Item:

Description:

Amount:

Budget Item:

Description:

Amount:

Budget Item:

Description:

Amount:

Budget Item:

Description:

Amount:

Budget Item:

Description:

Amount:

**Total Budget:**

## Section 4 - Statement of Guarantee of Adequate Facilities & Expenses for Research Proposal

As an authorized financial officer at the applicant's institution, I guarantee that adequate facilities are available in order to conduct the applicant's project, that the applicant will have sufficient financial resources to carry out his or her project, and that no indirect costs will be assessed.

Signature:

Date:

Name:

Title:

Email:

Phone Number:

## Section 5 - Principal Investigator's Signed Statement of Responsibility

If awarded the ISNS Foundation Grant, I (name)

the Principal Investigator for proposed research project entitled (project title)

will take full responsibility for ensuring that all Foundation guidelines are followed and follow-up progress reports are submitted in a timely manner as stipulated in the conditions of the award and the contract that will be provided if my application is accepted by the Foundation.

**Signature:**

**Date:**