

# AAOAF RESEARCH APPLICATION FOR PILOT STUDIES



## AAOAF Mission Statement

To promote scientifically rigorous research that improves the quality of life for the allergic patient.

**PROJECT TITLE** \_\_\_\_\_

**PRINCIPAL INVESTIGATOR** \_\_\_\_\_  STAFF  RESIDENT

Address \_\_\_\_\_

Office Number \_\_\_\_\_ Office Email \_\_\_\_\_

**CO-INVESTIGATORS** \_\_\_\_\_

Address \_\_\_\_\_

Office Number \_\_\_\_\_ Office Email \_\_\_\_\_

**Investigator Institution** \_\_\_\_\_

Address \_\_\_\_\_

Office Number \_\_\_\_\_ Office Email \_\_\_\_\_

**NEW APPLICATION**  YES  NO **REVISION**  YES  NO  
*Is this a NEW area of investigation for PI or an extension of previous work?*  NEW  PREVIOUS

## SAFETY AND ETHICAL CONSIDERATIONS

- Biohazards, Radioactivity, Infectious Disease** **Date of Approval\*** \_\_\_\_\_
- Animals** Approval by local Animal use committee?  
 Include all information submitted to committee as Appendix. **Date of Approval\*** \_\_\_\_\_
- Human Studies** Funding is conditional upon investigational review board approval. **Date of Approval\*** \_\_\_\_\_

*\*May be obtained after grant is approved, however funding is conditional on IRB approval.*

**On a separate sheet of paper, please attach the following sections. Do not exceed 4 pages in total for submission of Study design and significance.**

### STUDY DESIGN

- Background**
- Aim**
- Importance of Research to AAOAF**
- Design**
- Questionnaires and Endpoints**  
 (if applicable, attach as an appendix)
- Population and Sample Size**  
 (i.e. human subjects, animal model, in vitro and quantity)
- Justification of Sample Size**
- Intervention**
- Total Funds Requested**
- References**

### BUDGET DETAILS, 1 YEAR ONLY

On a separate sheet of paper, please list all planned expenses including equipment (capped at \$2,500.00), supplies, animals rentals, services, etc. Write a short note of justification for each. AAOA Foundation will not pay for faculty salaries, publication expenses, or travel to meetings as part of a starter research grant.

**EQUIPMENT** \$ \_\_\_\_\_  **ANIMALS** \$ \_\_\_\_\_  
 **SUPPLIES** \$ \_\_\_\_\_  **OTHER** \$ \_\_\_\_\_  
**TOTAL COSTS** \$ \_\_\_\_\_

Please send an electronic copy of the application to: **committees@aoaf.org**

Please return the original grant application and 10 copies to:

**Berrylin J. Ferguson, MD** Research Chair  
 c/o AAOA Foundation

**1990 M STREET NW • SUITE 680 • WASHINGTON, DC 20036**