



THE MAGEE-WOMENS RESEARCH INSTITUTE CLINICAL TRAINEE RESEARCH AWARD

Application Instructions

PURPOSE

The MWRI Clinical Trainee Research Award (CTRA) has been established to:

- Provide financial support for the research activities of MWH-based residents and clinical fellows.
- Promote research education for residents and fellows via the preparation and writing of grant applications, including hypothesis, study design (including sample size justification), budget preparation and protection of research subjects.
- Enhance the research program of Magee-Womens Research Institute (MWRI) through training in research and scientific publications.

To achieve these goals, the research proposal must be written by the resident or fellow under faculty guidance. The commitment of a faculty member to ensure the quality of research and successful completion, including a full report, is essential.

ELIGIBILITY

- Only MWH-based residents and clinical fellows may apply.
- Each resident or fellow may submit only one application per 12-month funding period.
- Total funding cannot exceed \$5,000.
- Because this award primarily targets first-time funding for residents and fellows, subsequent applications by previous award recipients will be considered less favorably.

APPLICATION PREPARATION

A. Review Committee Approval

When relevant, the application must be reviewed and approved by one of the following Committees

1. Institutional Review Board – research activities that involve human subjects.
2. Institutional Animal Care and Use Committee – research activities that involve the use of animals.

*****A copy of the submission to the IRB or IACUC (if the decision is pending) or approval letter must accompany the application.*****

B. Proposal Format

General: The type must be size 11 point Arial, with ½ inch margins on all sides. Handwritten applications will not be accepted. Assemble the application in the following format:

Page 1: Face Page (form page attached)

The application face page must be completed in full and signed by the faculty sponsor, the Chief of Service or Director of the Fellowship/Residency Program. The face page must be typewritten.

Page 2: Proposed Budget and Justification (not to exceed one page – form page attached)

- Budget: Provide a breakdown of the funds requested, by category. Appropriate categories include:
- a. Personnel (salaries and fringe benefits, payments to student assistants, etc.). Salary support is not allowable for residents and fellows.
 - b. Supplies (chemicals, drugs, glassware, animals, animal maintenance, etc.).
 - c. Other expenses (lab tests, participant payments, etc.). Travel is not an allowable item.

Any funds required for services provided by the Animal Facility, hospital labs, radiology, ultrasound, CRC, etc., must be accompanied by the applicable departmental request/approval form or a letter of agreement confirming that the required services can be provided at the budgeted amount.

Justification: Provide a justification for all budget items listed, including justification for all personnel.

Page 3: Abstract and Training Goals (not to exceed one page)

Abstract: Not to exceed 150 words.

Training Goals: This section should describe how the proposed project would serve as a training vehicle for the applicant. Specific technical aspects of learning and theoretical/experimental design aspects of research training should be included in the discussion. **This section should be written by the mentor(s), not by the applicant.**

Page 4-5: Specific Aims, Significance, Experimental Design (not to exceed two pages)

Specific Aims and Significance: Briefly state the hypothesis, the specific aims of the project, and the importance of the research, including any potential contribution to basic, translational or clinical research in the fields of reproductive and developmental biology, women's health and newborn medicine.

Experimental Design: Discuss the experimental design and procedures to accomplish the specific aims of the project. Include the means by which the data will be analyzed and interpreted. Justification is required for sample size. Methods should include justification of new methods but only citations or limited discussion for established methods.

Timeline: In 1-3 sentences, state the timeline for the project and document that the majority of the project can be completed within the one-year award period. Also verify that there is time remaining in your training program to complete the research.

Page 6: References

A literature review is required to demonstrate that the investigator is knowledgeable about research in the proposed area of study.

SUBMISSION DEADLINE

The completed application must be submitted via email attachment to Katie Chiappa at chiappac@upmc.edu. The entire application must be submitted as one PDF document. Do not send the application in pieces. Any supporting IRB or IACUC documents should be sent separately from the application. Applications must be received **no later than the end of the day on September 30, 2024.**

REVIEW CRITERIA

Proposals are reviewed by the MWRI CTRA Review Committee. Decisions on awards will be based upon scientific merit, impact on training, significance, quality of mentor support and quality of presentation.

REPORTING REQUIREMENTS

A final report must be submitted within three months after the end of the award period, and must include a final financial report. It is the responsibility of the faculty sponsor to ensure that these reports are completed and submitted as required.

PUBLICATIONS/PRESENTATIONS

Any publications and/or presentations that result from research activities supported by this grant, whether partly or entirely, must include the following written statement: "Supported by the Magee-Womens Research Institute Clinical Trainee Research Award." We request that a copy be forwarded to Sara Arvay at arvaysb@mwri.magee.edu.

AWARD TIMELINE

Applicants will be notified regarding the status of their application by December 1, 2024. The term of the award runs from January 1, 2025, to December 31, 2025. Funds must be spent in the year that they are awarded and are not carried over to continuing years.



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FACE PAGE (must be typewritten)

APPLICANT INFORMATION		
NAME (Last, first, middle)		DEGREE(S):
		ARE YOU A RESIDENT OR FELLOW?
POSITION TITLE:		OFFICE MAILING ADDRESS (building, room, street, city, state, zip code)
YEAR(S) IN TRAINING:		
YEAR(S) IN CURRENT PROGRAM:		
DEPARTMENT		
TEL:	FAX:	E-MAIL ADDRESS:

APPLICATION TITLE:

HUMAN SUBJECTS RESEARCH	<input type="checkbox"/> No <input type="checkbox"/> Yes	IRB APPROVAL DATE:
VERTEBRATE ANIMALS	<input type="checkbox"/> No <input type="checkbox"/> Yes	IACUC APPROVAL DATE:
TOTAL FUNDS REQUESTED		

FACULTY SPONSOR	DEPARTMENT CHAIR OR DIRECTOR OF FELLOWSHIP/RESIDENCY PROGRAM
Name	Name
Title	Title
SIGNATURE	SIGNATURE

APPLICANT SIGNATURE	DATE
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PROPOSED BUDGET

Personnel – List **effort** for **all** personnel to be involved in carrying out the proposed research, whether or not salary is requested, **beginning with P.I.**

Name	Role	% Effort	Salary Requested	Fringe Benefits*	Total
	Principal Investigator		\$ 0.00	\$ 0.00	\$ 0.00
	Subtotals		\$	\$	\$
Equipment				Subtotal	
Supplies (list)				Subtotal	
Other Expenses				Subtotal	
Total					\$

*MWRIF Staff fringe benefit rate is 25.0%

BUDGET JUSTIFICATION