



# THE KNEE SOCIETY

6300 N. River Road, Suite 727, Rosemont, IL 60018-4226  
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## APPLICATION FOR RESEARCH GRANT

Completed and signed applications must be submitted to the Knee Society Research Committee no later than August 15 to be considered for funding in the following year.

If you have any questions, please contact the Knee Society administration office.

Date:

1. PROJECT TITLE
2. PLEASE ATTACH A 100 WORD ABSTRACT AS A PROJECT SUMMARY
3. CIRCLE OR UNDERLINE ALL CATEGORIES THAT DIRECTLY RELATE TO YOUR PLANNED PROJECT:
  - (a) Total Knee
  - (b) Knee Reconstruction
  - (c) Radiology and Imaging
  - (d) Clinical Outcome
  - (e) Biomechanics
  - (f) Biomaterials
  - (g) Molecular Biology,
  - (h) Biochemistry
  - (i) Epidemiology
  - (j) Anatomy, Microscopy
  - (k) Other:

#### 4. INVESTIGATOR/DEPARTMENT CHAIR/INSTITUTION AUTHORIZATION TO SUBMIT APPLICATION

a) PRINCIPAL INVESTIGATOR  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### b) CO-PRINCIPAL INVESTIGATOR

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### c) OTHER INVESTIGATORS ASSOCIATED WITH PROJECT

Name: \_\_\_\_\_ Signature #1: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Signature #2: \_\_\_\_\_

Title: Department:

d) DEPARTMENT CHAIRMAN INFORMATION: (If Applicable)

Name: Signature:
Title: Department:
Address:
Phone: Fax: E-mail:

e) FINANCIAL OFFICER INFORMATION

Name: Signature:
Title:
Address:
Phone: Fax: E-mail:

f) MAILING ADDRESS FOR CHECK:

g) NAME OF RESPONSIBLE INSTITUTION/ORGANIZATION:

BUDGET FOR ENTIRE PROJECT: DIRECT COSTS ONLY

Table with 4 columns: Category, % Time on Project, Year 1, Year 2. Rows include Salaries & Wages, Fringe Benefits, Salaries Plus Fringe Benefits, Permanent Equipment, Consumable Supplies, Animals & Animal Care, All Other Expenses, and TOTAL PROJECT COSTS.

5. Budget Justification—Please provide budget justification for all requested funds. State specific activities for each investigator and all involved staff. (Use additional pages if necessary.)

6. BIOGRAPHICAL SKETCH

a) PRINCIPAL/CO-PRINCIPAL (Needed for all investigators)

NAME:

SSN: BIRTHDATE:

EDUCATION:

Institution/City/State

Degree/Years in Field

b) RESEARCH AND PROFESSIONAL EXPERIENCE

(Concluding with present position, list in chronological order all previous employment, experience, and honors over the past 10 years. Provide a clear statement on your credentials and how they relate to this project. List in chronological order, the complete references to all publications during the past three years and prior publications pertinent to this application:

c) FACILITIES (List all laboratory space and major equipment available):

d) RESEARCH SUPPORT (Show current and prior recipient funding)

i) RESEARCH FUNDING TO PRINCIPAL OR CO-P.I. DURING PAST 5 YEARS RELEVANT TO THIS PROJECT

ii) RESEARCH FUNDING TO PRINCIPAL OR CO-P.I. DURING PAST 5 YEARS FOR OTHER RESEARCH PROJECTS

iii) CURRENT RESEARCH WITH POTENTIAL OVERLAP

iv) CURRENT RESEARCH WITH NO POTENTIAL OVERLAP

7. STUDY PROFILE QUESTIONNAIRE (Please answer all questions regarding the current proposed study)

a) Abstract of Research Plan (Provide a 100 word abstract project summary with 5 underlined phrases)

b) What are the Primary and Secondary Goals of this Project?

c) Did you perform or include the results of a structured literature review in your background statement?  
(eg:Meta-analysis)

Yes  No Explain:

8. STRUCTURED DESCRIPTION:

a) Experimental Design: (Circle or Underline One)

(i) Randomized Trial (ii) Cohort Comparison (iii) Case Series (iv) Other

b) What is your null hypothesis?

c) What is the planned process of obtaining your sample? (Eg: Retrospective record review, Prospective case identification at the time of presentation, Animal supplier, Material supplier, etc.)

d) Characterize your experimental group. (Eg: Number, Age, Gender, Race, Educational level and/or Animal Species, etc.)

e) What are (were) your eligibility criteria in recruitment?

i) Inclusion criteria?

ii) Exclusion criteria?

f) What are the endpoint determinations?

i) Which assessment tools will be used in the assessment of participants? (eg: SF36, WOMAC, Knee Society Score, HSS Knee Score, Xray, MRI, MTS, Biodex, etc.)

At what time intervals will the assessments take place?

ii) Will participant co-morbidities be assessed?  Yes  No

If so, which co-morbidity tools will you use?

9. WILL THIS STUDY BE BLINDED?  Yes  No
- a) Will you blind the patient to the specific treatment?  Yes  No  Not Applicable  
Describe:
- b) Will you perform a blinded assessment of the outcomes and endpoints of interest?  
 Yes  No  Not Applicable  
Describe:
- c) Describe your planned experiment such that reproducibility can be reasonably assured?  
 Yes  No  Not Applicable
- d) Which complications will be explored?
- e) How will complications be identified?
- f) How will complete follow-up be assured?
- g) What statistical analysis(es) will be used?
- h) What is your anticipated statistical power for the Principal and alternative hypotheses of interest?
- i) What other approaches will be used to assure quality of this investigation?  
(Eg: Data validation, Data completeness, Data entry, etc.)
10. Please describe any other details of the planned project that have not been provided above. Pay particular attention to describing any previous work (pilot studies) to characterize the methodology(ies) and reproducibilities of the planned intervention. If you did perform a pilot study, please describe the preliminary results and your estimates of the magnitude of impact. (Attach relevant reprints or manuscripts in the appendix)
11. SIGNIFICANCE:
- a) What are the anticipated benefits from this study?
- b) What are the ramifications of this work for members of the Knee Society?
- c) What magnitude of benefit (effect size) do you anticipate?
- d) For clinical studies, what measures will be used to capture the health status impact of the planned intervention(s)?
- e) What complications might be reduced?
- f) What is the potential economic impact of the planned research endeavor?
- g) What party or parties will receive direct or indirect benefits from this investigation?
12. IRB DOCUMENTATION — Do you have IRB approval for this study?  Yes  No
- a) Does your IRB consent include:
- |                                   |                              |                             |   |
|-----------------------------------|------------------------------|-----------------------------|---|
| Description of study              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Potential risks and complications | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Statement of confidentiality      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
- b) Allowance for non-prejudicial withdrawal from investigation.  Yes  No  Not Applicable
- Liability and hold harmless clause  Yes  No  Not Applicable
13. CONFIDENTIALITY/SECURITY:  
Who will have access to scientific data and what security safeguards exist in your data retrieval system?
14. APPENDIX (attach additional pages as needed)