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**Research Awards Program**

*If you wish to submit an abstract to the Focused Ultrasound Surgery Foundation (FUSF) Research Awards Program, please complete this application form and submit it electronically via the Foundation’s online submission system located at* [*http://fusf-rap.edmgr.com*](http://fusf-rap.edmgr.com)*. Please be sure to provide all information requested. Incomplete submissions will be returned to the applicants for revision.*

**Project Abstract Form: Pre-Clinical Track**

**Part A – Cover Page**

1. **Project Title:**
2. **Principal Investigator:**

Name, Degree & Position:

Name of institution:

1. **Co-Investigators** *(Please limit the number of co-investigators to five (5))***:**

**Co-Investigators 1:**

Name, Degree & Position:

Name of institution:

**Co-Investigator 2:**

Name, Degree & Position:

Name of institution:

**Co-Investigator 3:**

Name, Degree & Position:

Name of institution:

**Co-Investigator 4:**

Name, Degree & Position:

Name of institution:

**Co-Investigator 5:**

Name, Degree & Position:

Name of institution:

1. **Total Project Budget** *(US dollars)***:** **$**
2. **Total Funding Requested from FUSF** *(US dollars)***: $**
3. **Length of Proposed Funding Period** *(e.g., 1 year)***:**

**Part B – Project Abstract**

 **- Please confine your answers to the space provided on this page -**

1. **Please state your hypothesis.**
2. **What research question do you hope to answer?**
3. **Please provide a brief description of the project design & methods.**
4. **Please describe the project goals****.**
5. **Please explain how the proposed project will lead to the rapid development of a reimbursable clinical indication for focused ultrasound.**

**Part C – Checklists**

**Complete One Checklist, as Appropriate:**

**Pre-Clinical Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Could the proposed project:** | **Yes** | **No** | **N/A** |
| 1. **…lead to the development of a new clinical indication that fulfills a critical unmet clinical need in 5 to 7 years?**
 |[ ] [ ] [ ]
| 1. **…lead to a treatment that is superior to best current therapy?**
 |[ ] [ ] [ ]
| 1. **…lead to a treatment that is safer than best current therapy?**
 |[ ] [ ] [ ]
| 1. **…improve quality of life, longevity, and/or recovery period?**
 |[ ] [ ] [ ]
| 1. **…decrease treatment time?**
 |[ ] [ ] [ ]
| 1. **…Improve patient satisfaction (convenience, comfort, etc)?**
 |[ ] [ ] [ ]
| 1. **…decrease procedure cost?**
 |[ ] [ ] [ ]
| 1. **…Decrease societal cost?**
 |[ ] [ ] [ ]
| 1. **…lead to a treatment that could easily be made available in a large number of centers?**
 |[ ] [ ] [ ]
| 1. **…impact a large number of patients?**
 |[ ] [ ] [ ]
| 1. **…increase awareness of patients and clinicians?**
 |[ ] [ ] [ ]
| 1. **…facilitate regulatory approval?**
 |[ ] [ ] [ ]
| 1. **…facilitate healthcare reimbursement?**
 |[ ] [ ] [ ]

**High-Risk Checklist:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Is this a proposal for an early-stage, high-risk proof-of-concept research project?
 |[ ] [ ] [ ]
| 1. Is the proposed project unlikely to receive funding support from other sources?
 |[ ] [ ] [ ]
| 1. Will the proposed project have a profound impact on the advancement of the field of focused ultrasound?
 |[ ] [ ] [ ]
| 1. If successful, will the proposed project lead to follow-on funding from other sources?
 |[ ] [ ] [ ]
| 1. Is the amount of funding requested approximately $100,000?
 |[ ] [ ] [ ]
| 1. Is the length of the proposed funding period approximately one year?
 |[ ] [ ] [ ]
| 1. Is there institutional/departmental support for a portion of the project? If yes, please provide details in the comment field below.
 |[ ] [ ] [ ]

**Comments: [list institutional support, co-funding, or “donated” 0% effort contribution of staff time]**