

LA CaTS Center Project Data Form is required for all proposal submissions to the LA CaTS Center Pilot Grants Program

# LA CaTS CENTER PROJECT DATA FORM

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| Date form completed: |  |

 Please provide the following information:

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| --- | --- | --- | --- |
| Submitting Investigator Name: |  | Degree(s): |  |
| Position/Title (e.g., asst professor, instructor, fellow): |  |
| Home Institution: |  |
| Department: |  |
| Area of Specialty/Discipline: |  |
| COBRE/INBRE/RCMI Affiliation (if applicable): |  |
| Name of Mentor (if applicable): |  |
| Title of Proposed Project: |  |
| Project IRB# or IACUC# (if applicable): |  |
| For multi-institutional projects ONLY: |
| What IRB is the proposed lead IRB? |  |
| What institutions will be relying on the lead IRB? |  |

# Please Answer the Questions Below:

1. **Does the proposed project include a multi-institutional team (team members are from different institutions) and/or a multi-disciplinary research team (team member expertise spans across disciplines)? Check all that apply.**

[ ]  Neither a multi-institutional nor a multi-disciplinary team.

[ ]  Yes - a multi-institutional team (list team member information in the space below).

[ ]  Yes - a multi-disciplinary team (list team member information in the space below).

# Will this proposed project be led by a junior investigator, a non-faculty scholar; or, a senior faculty investigator entering the translational field or pursuing a clinical focus? Check only the most applicable box.

[ ]  Project PI is a Junior faculty or non-faculty scholar (list mentor’s information below)

[ ]  Project PI is Senior Faculty

[ ]  Other (specify):

# Does the proposed project involve an MD and PhD team and/or a paired team with a mentor (Sr. investigator) and mentee (Jr. investigator). [ ]  Yes [ ]  No

**If yes, check all that apply.**

[ ]  Mentor/Mentee team (list mentor’s name, degree, title and institution below)

[ ]  MD/PhD team (provide information below)

|  |
| --- |
| **Information about Multi-Institutional, Multi-Disciplinary, MD/PhD and/or Paired Teams** |
| **Name of Team Member** | **Degree** | **Institution** | **Position/Title** | **Discipline/ or Specialty** | **Role in Proposed Project** |
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1. **Which of the following phases of research does this proposed study involve?** (may check more than one if applicable for your proposal)

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| --- | --- |
| [ ]  | **Basic Research** (fundamental theoretical or experimental investigative research and/or analysis focused on a better understanding of a subject, phenomenon, or a basic law of nature instead of on a specific application of results.) |
| [ ]  | **Pre-Clinical Research** (a stage of research that begins before clinical trials - testing in humans - can begin and during which important feasibility, iterative testing and drug safety data is collected.) |
| [ ]  | **Clinical Research** (seeks to answer specific questions about whether the treatment under study works and is safe. Includes: patient-oriented research, epidemiologic and behavioral studies and outcomes research; and, health services research.) |
| [ ]  | **Population Research Study (**focuses a group of individuals taken from the general population who share a common characteristic, such as age, sex, or health condition. This group may be studied for different reasons, such as their response to a drug or risk of getting a disease.) |

1. **Does your proposed study involve a specific vulnerable and/or underserved population?**

[ ]  Yes [ ]  No (if yes, please specify )

# Which of the following categories of novel technologies/hypotheses at basic/clinical levels that enhance discovery, translational research or commercialization is addressed by the proposed project? Check all that apply. Please add additional categories as applicable. Proposed project focuses on:

[ ]  Novel applications

[ ]  Repurposing of drugs

[ ]  Testing novel mechanisms

[ ]  Screening/diagnostic testing

[ ]  Early phase human subjects

[ ]  Utilizing community-based research (e.g., population sciences, health literacy methodologies, community based participatory research models)

[ ]  Other (specify):

# Has there been any intellectual property activity associated with the proposed project?

[ ]  Yes (List intellectual property activity (e.g., disclosures, patents, licenses).

[ ]  No

# What disease state(s) and/or impact area(s) is addressed by the proposed project? You may check up to four categories that are the most applicable to your project.

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| --- |
| **1. Disease State(s) and/or Impact Area(s) – Check a Maximum of Four (4) Areas** |
| [ ]  Aging  | [ ]  Metabolism; Metabolic Conditions |
| [ ]  Diabetes | [ ]  Nephrology |
| [ ]  Cardiovascular (Biology) | [ ]  Neurology, Neuroscience |
| [ ]  Cardiovascular (e.g., CVD & Hypertension) | [ ]  Nutrition, Diet and/or Food |
| [ ]  Cancer | [ ]  Obesity |
| [ ]  Coronavirus (e.g., COVID-19) | [ ]  Orthopedics |
| [ ]  Endocrinology - Diabetes | [ ]  Pediatrics |
| [ ]  Endocrinology – Metabolism | [ ]  Population Sciences  |
| [ ]  Endocrinology – Obesity | [ ]  Respiratory System/Pulmonary Diseases  |
| [ ]  Environmental | [ ]  Psychiatry/Psychology/Behavioral |
| [ ]  Genetics/Genomics | [ ]  Rheumatology |
| [ ]  GI/Digestive System | [ ]  Social Determinants of Health  |
| [ ]  Health Disparities | [ ]  Stem Cell Research; Regenerative Med. |
| [ ]  Health Outcomes Research  | [ ]  Substance Use Disorder (alcohol, drug) |
| [ ]  Hematology | [ ]  Surgery |
| [ ]  HIV/AIDS | [ ]  Translational Epidemiology  |
| [ ]  Immunology | [ ]  Underserved Population(s)  |
| [ ]  Infectious Disease; Microbiology | [ ]  Vulnerable Population(s) |
| [ ]  Inflammation | [ ]  Women’s & Maternal Health/Gynecology |
| **Other (specify)**  |  |

1. **Does the proposed project include plans for pursuing grants not related to the LA CaTS Center program or have potential for extramural funding**?

[ ]  Yes [ ]  No

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| If yes, please list potential funding sources |  |

# What LA CaTS Center Cores/Resources did you access to develop your proposal submission to the LA CaTS Center Pilot Grants Program. Check all Cores/Resources that you utilized for assistance in developing your proposal.

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| --- | --- |
| [ ]  | Biomedical Informatics Core |
| [ ]  | Biostatistics & Epidemiology Core |
| [ ]  | Clinical Research Resources (LA CaTS Center clinical unit sites) |
| [ ]  | Community Engagement & Outreach Core |
| [ ]  | Education & Career Development Core |
| [ ]  | Ethics & Regulatory Knowledge Core |
| [ ]  | Health Literacy Core |
| [ ]  | Other (specify, e.g., Professional Development Core) |  |

1. **Optional Demographics:** The LA CaTS Center External Advisory Committee recommends that we collect demographics from all investigators seeking to use research infrastructure resources made possible through the LA CaTS Center. While we appreciate your cooperation, your participation in providing the demographic information requested below is entirely voluntary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sex/Gender:** | [ ]  Female [ ]  Male[ ]  Prefer to Self-Describe (please specify if you would like\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)[ ]  Prefer not to Answer | **Age Group:** | [ ]  below 35[ ]  35 – 49[ ]  50 – 64[ ]  65+[ ]  Prefer not to Answer |
| **Race:** | [ ]  American Indian or Alaskan Native[ ]  Asian[ ]  Black or African American[ ]  Native Hawaiian or Other Pacific Islander[ ]  White[ ]  Prefer not to Answer[ ]  Prefer to Self-Describe: (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Ethnicity:** | Are you of Hispanic, Latino/a ethnicity or Spanish origin? (please select one box)[ ]  Yes [ ]  No [ ]  Don’t Know [ ]  Prefer not to Answer  |