**THE HONG KONG ANTI-CANCER Society (HKACS)**

**Application for Grant on Novel Research and/or**

**Community Project on Cancer**

**PART I: OUTLINE OF APPLICATION**

**1. Study title**

|  |
| --- |
|  |

**2. Principal Investigator**

|  |  |
| --- | --- |
| 2.1 | Name:  |
|  |
| 2.2 |  | University staff | Position: |  |
|  |
|  |  | HA Staff | Position: |  |
|  |
|  |  | HKSAR | Position: |  |
|  |
| 2.3 | Department/Unit: |
|  |
| 2.4 | Institute/Hospital: |
|  |
| 2.5 | Relevant experience to the study |
|  |  |
|  |
| 2.6 | Phone number:  |  |
|  |
| 2.7 | Fax number:  |  |
|  |
| 2.8 | E-mail:  |  |

**3. Co-investigators**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title(e.g. Dr) | Relevant qualification | Department, Institute/Hospital |
|  |  |  |  |
|  |  |  |  |
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**4. Study Site(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4.1 | Is this a multi-centre trial in HK? |  | Yes |  | No |
|  |
| 4.1.1 | If yes, number of local study sites: |  |  |  |
|  |
|  |  |
| 4.2 | Local study site(s) | Department | Institute/Hospital |
| 4.2.1  | Primary study site |  |  |
| 4.2.2 | Other study sites | Site 1 |  |  |
| Site 2 |  |  |
| Site 3 |  |  |
| Site 4 |  |  |
|  |
| 4.3 | Is this an international study (involving study sites outside HK)? |  | Yes |  | No |
|  |

**5. Milestones**

|  |  |  |
| --- | --- | --- |
| 5.1 | Proposed study starting date:  |  |
|  |  |  |
| 5.2 | Proposed study completion date:  |  |
|  |  |  |
| 5.3 | Expected final report date:  |  |

**6. Multi-centre proposal** (*for multi-center study)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6.1 | Has the protocol been vetted by REC/IRB in HK? |  | Yes |  | No |
|  |  |
| 6.1.1 | If yes, specify reference number of protocol approved REC: |
|  |  |
|  |  |
| 6.2 | Has the proposal been rejected by any REC/IRB? |  | Yes |  | No |
|  |  |

**7. Brief summary of study (use language understood by laypersons)**

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**PART II: STUDY DETAILS**

**8. Novelty and significance of study**

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| --- |
| Summarize in less than 200 words the novelty and potential significance / impact of the proposed study: |
|  |

**9. Scientific basis**

|  |  |
| --- | --- |
| 9.1 | Scientific background, current evidence and essential references: |
|  |  |
|  |  |
| 9.2 | Aim of study: |
|  |  |
|  |  |
| 9.3 | Expected outcomes or impacts of study on healthcare / knowledge: |
|  |  |
|  |  |

**10. Study Subjects**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10.1 | Target subjects: |  |  |  |  |  |  |  |
|  |  | Patients |  | Patients’ Family |  | Staff |  | Others: |  |
|  |  |
| 10.2 | How many subjects will be recruited locally (and globally if applicable)? |
|  |  |
|  |  |
| 10.3 | Rationale for sample-size calculation: |
|  |  |
|  |  |
| 10.4 | How will subjects (patients/controls) be identified and recruited? |
|  |  |
|  |  |
| 10.5 | What are the inclusion and exclusion criteria? |
|  |  |

**11. Study design and methodology**

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| --- | --- |
|  |  |
| 11.1 | Type of study: |  | Data collection |  | Direct patient intervention |
|  |  |
| 11.2 | Study design |
|  |  | Randomised controlled trial |  | Non-randomised controlled trial |
|  |
|  |  | Uncontrolled trial |  | Specify: |  |
|  |
|  |
| 11.3 | If randomisation is used, explain the process: |
|  |  |
|  |

**12. Methods of Statistical Analysis**

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**13. Potential Hazards**

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| --- | --- |
| 13.1 | Difference of study procedures from usual management provided at study sites: |
|  |  |
|  |
|  | If yes, specify: |  |
|  |
| 13.2 | Describe potential discomfort, distress and hazards entailed by study procedures: |
|  |  |
|  |
| 13.3 | Will subjects be provided with a card describing their participation in study and contact  |
|  | phone number for inquiry and adverse event reporting? |  | Yes |  | No |

**PART III: BUDGET**

**14. Source of funding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 14.1 | Have you applied previously for any research grant from The |  | Yes |  | No |
|  | Hong Kong Anti-Cancer Society |  |
|  |
| 14.1.1 | If yes, give details as follows: |
|  | Date of application: |  |
|  | Amount requested: |  |
|  | Amount awarded: |  |
|  | Balance remaining at date of this application: |  |
|  |
| 14.2 | Have you applied to other bodies for financial assistance |  | Yes |  | No |
|  | toward this project? |  |
|  |
| 14.2.1 | If yes, give details as follows: |
|  | Body : |  |
|  | Date of application : |  |
|  | Result : |  |
|  |  |  |

(Applicants receiving sponsorship from any commercial organization will not be considered.)

**PART IV: DECLARATIONS**

**Declaration by investigators**

1. The information supplied is to the best of my knowledge and belief accurate.
2. I/We submit this application for a research grant within the terms of the current General Conditions relating to Agreements of The Hong Kong Anti-Cancer Society (HKACS).
3. I/We agree to report study progress annually to the HKACS as requested, and to submit a final report at the end of the project.
4. This investigation was carried out under the sponsorship of The Hong Kong Anti-Cancer Society. Three copies of the published work should be sent to the HKACS. In the event of publicizing the result of the project in mass media, the support by the HKACS should be acknowledged.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Title and Name | Signature | Date |
| Principal investigator: |  |  |  |
| Co-investigators: |  |  |  |
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**Endorsement by Chief of Service or Head of Department (or authorised representative)**

1. I endorse this application and authorize the study to be undertaken in my department upon approval by the HKACS.
2. I am in the opinion that the investigator(s) within my department/unit are appropriately qualified within the disease/therapeutic area involved, and are capable of undertaking this study in terms of their workload and time available, and that the study site(s) under my supervision have access to adequate facilities and supports for the research to be conducted in a safe manner.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Name | Post, Dept, Institute/Hospital | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\* Where the Chief of Service or Head of Department is an investigator, this declaration should be signed by another suitable senior staff.*

**RESOURCES REQUESTED FOR THE FINANCIAL YEAR** …………………………..

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | For HKACS use only |
|  |  |  |  | Cost for current year(HKS) | Hon. Treasurer’s code No. |
| Item No. | Classification(1) | Description(2) | Catalogue orQuotation Reference(3) | Cat. Price/monthlysalary | C.I.F.\*/Insuranceetc. | Total | AmountApproved(HK$) | Remarks | Finaldisposal |
|  |  |  |  |  |  |  |  |  |  |
| \*Carriage, insurance and freight |  |  | GrandTotal |  |  |  |  |

**NOTES**

(1) **Classification :** Items are to be classified as Consumables, Equipment or Salaries according to the following definitions –

***Consumables*** are those articles which by their use or design are of temporary value. Typical consumables in connection with research grants include chemicals, experimental animals and for their up-keep.

***Equipment-*** all materials which are not consumables should be classified as equipment. If equipment is to be fabricated, the materials (and labour costs, if any) should be itemized except for those estimated to individually cost $100 or less; these may be grouped in categories, e.g. electronic components, glassware, recording tape, etc.

***Salaries***- include basic salaries, allowance and provident fund where applicable.

(2) **Description :** All items requested must be fully described in the same term as those to be sent for ordering purposes.

(3) **Catalogue reference and cost estimate :** Evidence in support of cost estimate **must** be submitted. This will normally be by reference to a current catalogue, price list, or by submission of a written quotation. Where more than one of an item is required, unit cost must be specified as well as total cost.