

## Implementation of Hospital Service Research (IHSR) Grant

### Principal Applicant Information *(must be an HHS Investigator or HHS employee)*

Research Project Title:

PI Name:

Email:

#### Professional Credentials

Medicine  Clinical Health Professional

RN  C.Psych  OT  PT  SW  RPh  RD  RT  SLP  Other:

Research Training:

Other:

Research Specialty Area:

Primary Hospital Site:

Location/Room:

### Clinical Program/Service Support:

Director Name:

Manger Name:

Email:

Email:

HHS Site:

### HHS Program(s) or Service(s) proposed research project is linked/related to *(select all that apply):*

#### Clinical Programs

Cardiac & Vascular

McMaster Children's Hospital

Oncology *(Surgery, Hematology, Radiation, Medicine)*

Neurosciences & Trauma

Rehabilitation & Orthopedic

Mental Health

Adult Specialty Services *(Digestive Diseases, Women's Health, Ambulatory Care)*

Seniors Health & Complex Care

Critical Care

Other:

#### Clinical Services

Diagnostic Services

Emergency Medicine

Pharmacy

MCH-Child Acute Care

MCH-Child Development & Mental Health

MCH-Neonatal ICU

HRLMP (Laboratories)

Peri-Operative (Surgery)

Other:

### Research Team

Name:

Title:

Health Profession:

PhD  Master's  MD  Other:

Name:

Title:

Health Profession:

PhD  Master's  MD  Other:

Name:

Title:

Health Profession:

PhD  Master's  MD  Other:

Name:

Title:

Health Profession:

PhD  Master's  MD  Other:

Name:

Title:

Health Profession:

PhD  Master's  MD  Other:

Name:

Title:

Health Profession:

PhD  Master's  MD  Other:

Is there additional funding sources supporting this research work?  Yes  No

If yes, please list all sources and amounts indicating anticipated or committed below:

Does your IHSR Project require ethics approval?  Yes  No

If yes, what is the status of your ethics application:

Pending, anticipated date: (YR/MM/DD)

Approved, date: (YR/MM/DD) HiREB #:

**IHSR Application Checklist:**

1. Completed Signed IHSR Application Form
2. IHSR Research Plan Summary and Team – 4 Pages maximum, to include:
  - i. Lay Summary Abstract (250 words)
  - ii. Purpose and Background
  - iii. Objectives
  - iv. Design and Methods
  - v. Analysis Plan
  - vi. Knowledge Mobilization/Translation Plan
  - vii. Table of Proposed Timelines and Measurable Metrics
  - viii. Description of Research Team and Roles
3. Completed IHSR Budget Template – 1 Page
4. Budget Justification – 1 Page
5. Up-to-date Canadian Common CV (CCV of Applicant **(select CIHR BioSketch format)**)
6. Appendices – Letters of support for in-kind contributions (as applicable)

Please Check Off

**Signature of Principal Applicant:** *(please upload signature in .jpeg or .png format)*

X

Principal Applicant

**Signature of Clinical Program/Service Support:** *(please upload signature in .jpeg or .png format)*

X

Clinical Director

X

Clinical Manager