SUBMISSION DEADLINE: May 1, 2024

**THE INFORMATION FOR THIS SECTION (PART A) IS TO BE SUBMITTED BY THE APPLICANT AS A STAND-ALONE DOCUMENT. IT SHOULD NOT BE COMBINED WITH PARTS B OR C**.

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| **PART A – GENERAL INFORMATION** |
| € I/We confirm one of the Principal Investigators is a member of **CAS** in good standing:If more than one PI, CAS member is:  |
| € I/We confirm one of the Principal or Secondary Investigators is a member of the **COA** in good standing:If more than one PI, COA member is:  |
| **1. CORRESPONDING PRINCIPAL INVESTIGATOR(S)\***: Address City Prov PC Phone Email University and/or Hospital Affiliation  |
| **2. CORRESPONDING SECONDARY INVESTIGATOR(S)\***: Address City Prov PC Phone Email University and/or Hospital Affiliation  |
| **\* Please use additional pages as required.** |
| **3. PROJECT TITLE:** |
| **4.** **STARTING DATE:**  **COMPLETION DATE**:  |
| **5.** **ATTACHMENTS:**Are human subjects used: [ ] Yes [ ] No If yes, Ethics Certification is: [ ] Attached / [ ] To FollowAre animal subjects used: [ ] Yes [ ] No If yes, Animal Care Certification is [ ] Attached / [ ] To FollowAre biohazards involved: [ ] Yes [ ] No If yes, Biosafety Certification is [ ] Attached / [ ] To Follow |
| **6.** **REPORT EXTERNAL PROJECT FUNDING:** Has this project received external funding (outside the hospital you work in)? [ ] Yes [ ] No *If yes, attach Budget and Summary for project.* |
| **7. REPORT CANADIAN ORTHOPAEDIC FOUNDATION FUNDING:** Has this project received previous funding from the Canadian Orthopaedic Foundation? [ ] Yes [ ] No  Have you held any Canadian Orthopaedic Foundation research grant support within the past 3 years? [ ] Yes [ ] No |