**PROTOCOL GUIDELINES**

Investigators in charge of research protocols should submit a curriculum vitae and a copy of their proposal, complete with consent form and necessary signatures vial email to:

bebrf@blepharospasm.org

**Deadline for Submitting Request:**

**September 30th**

To insure prompt approval by the Board, investigators should make sure that the following information is included in the body of the protocol:

1. Title of research protocol.
2. Principal investigator and associates
3. Department or departments involved.
4. Granting agency (if supported by another grant to be or already awarded, specify).
5. Period of grant, giving dates (the Foundation normally funds for one year, but in some cases two).
6. Hospital or institutions where research is to be carried out including address **and tax identification number.**
7. Outline research proposal indicating:
   a. Background information: As brief as possible to sufficiently inform the reviewers. Include pertinent references.
   b. Purpose of project: Concise statement of why this study should be done and the intended objectives.
   c. Description of study: Summary of methods or procedure.
   d. Discomfort to subjects: Those associated with the investigation.
8. Human subjects involved? ☐ Yes ☐ No
   If YES, has your Committee on Human Experimentation approved?
   If YES, enclose letter of approval from your Institutional Review Board for Human Research.
   a. Describe and assess any potential risks (physical, psychological, social, legal or other) and assess the likelihood and seriousness of such risks.
   b. Describe consent procedures to be followed, including how and where informed consent will be obtained.

**PROTOCOLS**

   c. Assess the potential benefits to be gained by the individual subject, as well as benefits, which may accrue to society in general as a result of the planned work.
9. Sponsoring organization_____

Address_____

City, State, Zip_____

Is organization tax exempt? ☐ Yes ☐ No

If YES, please submit a copy of **Tax Exemption ruling with tax identification number.**

10. Signatures required:
    a. Principal investigator.
    b. Departmental Chairman (if more than one department is involved, signatures of ALL chairmen)
11. Sponsoring department_____

Signature of Department Chairman_____ 12.

Attach questionnaires, interviews, or methods of data gathering not listed above.

13. Consent Forms should include the following information (this is in addition to a description of procedures involved as requested above):
    a. Any possible risks involved (including the precautions, etc.).
    b. The expected benefit of the study to the subject: if none - so state.
    c. The right of a subject to withdraw from the study at any time without jeopardizing future treatment by the physician(s) or facility involved.
14. Supply the name and address of the 501 ( c ) ( 3 ) organization to whom the check would be made in the event this grant was funded.

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**BUDGET** *

1. **PERSONNEL %TIME SALARY**

_____

_____

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_____

2. **EQUIPMENT** **COST**

3. **SUPPLIES**

4. **PUBLICATION COST**

TOTAL_____

5. **SCHEDULE FOR REPORTING**

☐ Quarterly ☐ Semi-Annual

*No indirect costs.

## BIOGRAPHICAL SKETCH OF INVESTIGATOR

NAME_____

DATE OF BIRTH_____

**EDUCATION**

| INSTITUTION | DEGREE | YEARS CONFERRED |
|---|---|---|
| | | |
| | | |
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| | | |

PROFESSIONAL EXPERIENCE

PUBLICATIONS