**LROI Grant Application Form 2023**

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| **1a. Study title (max. 25 words)** |
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| **1b. General information project leader** | |
| Title |  |
| Initials |  |
| Name |  |
| Position |  |
| Institute/organisation |  |
| Contact address |  |
| Contact email |  |
| Contact telephone |  |

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| --- | --- | --- |
| **1c. Other project members involved** | | |
| **1** | Name  Position  Institute |  |
| **2** | Name  Position  Institute |  |
| **3** | Name  Position  Institute |  |
| **4** | Name  Position  Institute |  |
| **5** | Name  Position  Institute |  |

**Please add the Curriculum Vitae of the project leader(s) to the grant application**

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| **1d. Project characteristics** | | |
| Is this application a resubmission? | Yes / no | submitted in |
| Duration in months | months | |
| Expected starting date | 1-6-2023 | |

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| **1e. List of 5 key words** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

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| **1f. Scientific summary (max 1000 words, no tables/figures)** |
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| **1g. Short lay summary of the project (max 250 words)** |
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**Research proposal**

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| **2a. Research question (max 150 words)** |
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| **2b. Background (max 1000 words)** |
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| **2c. State of the art of the work field (max 500 words)** |
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**Methodology**

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| **3a. Methodology – Variables, data sources and data collection methodology (max 300 words)** |
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| **3b. Methodology – Study population (persons, implants, time period, inclusion and exclusion criteria) (max 200 words)** |
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| **3c. Methodology – Work plan (max. 1750 words (including tables and figures))** |
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| **3d. Methodology – Statistics / power calculation (max 500 words)** |
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| **3e. Methodology – Limitations of study design, data sources and analytical methods (max 300 words)** |
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| **3f. Methodology – Timeline (max 500 words)** |
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**Outcome**

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| **4a. Expected outcome / end product and impact (max 200 words)** |
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| **4b. Plans for communicating results and implementation (max 500 words)** |
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| **4c. Contribution of the project to the quality of orthopaedic care (max 300 words)** |
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| **5a. Structure and cooperation research group (max 200 words)** |
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| **5b. Conflict of interest project group members (max 100 words)** |
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| **6. References (max 1 page)** |
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**Data storage**

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| **7a. Information governance (max 100 words)** |
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| **7b. Patient identifiable data (max 100 words)** |
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| **7c. Linking to patient identifiable data from other sources (max 100 words)** |
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**Budget**

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| **8a. Co-financing (max 350 words)** |
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**8b. Budget**

1. **Personnel (specified)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Position** | **Schaal** | **Bruto salary per month** | **fte** | **Months (n)** | **Total salary** | **Overhead (40%)**  **(optional)** | **Total** |
| **1** |  |  |  |  |  | **€** |  | **€** |
| **2** |  |  |  |  |  | **€** |  | **€** |
| **3** |  |  |  |  |  | **€** |  | **€** |
| **4** |  |  |  |  |  | **€** |  | **€** |
| **5** |  |  |  |  |  | **€** |  | **€** |
|  | **Total** |  | | | | **€** |  | **€** |

**2. Implementation costs (specified)**

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| --- | --- | --- |
|  | **Description** | **Total** |
| **1** |  | **€** |
| **2** |  | **€** |
| **3** |  | **€** |
| **4** |  | **€** |
|  | **Total** | **€** |

**3. Other costs (specified)**

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| --- | --- | --- |
|  | **Description** | **Total** |
| **1** |  | **€** |
| **2** |  | **€** |
| **3** |  | **€** |
| **4** |  | **€** |
|  | **Total** | **€** |

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| **8c. Motivation of requested budget (max 300 words)** |
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| **8d. Contact person financial administration (max 100 words)** |
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**Review and conflicts of interest**

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| **9a. Suggested (international) referees (minimal 5)1** | | | |
|  | **Name** | **Position and organisation** | **Email address** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **Comments (max 100 words)** | | | |
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1 Please provide at least 5 (international) possible referees who met the following criteria:

* The reviewer has not been involved in the preparation of the application;
* The reviewer has no professional relationship with the applicant or co-applicant such as collaboration with the (co-)applicant in the last three years;
* The reviewer has no economic interest and/or received a grant from the industry (as stated in the NOV Disclosure Register) related to the project application.

This information will only be used internal and not send to external referees.

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| **9b. Conflicts of interest (max 100 words)** |
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**Specification of data application LROI**

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| **Specification of data application** | | | | | |
| **Joint** | | **Patient demographics** | | | |
| Hip |  | Gender |  | Charnley score (hip/knee) |  |
| Knee |  | Age at procedure |  | Walch score (shoulder) |  |
| Shoulder |  | ASA score |  | BMI |  |
| Elbow |  | Diagnosis |  | Smoking |  |
| Ankle |  | Previous operation on affected joint |  |  |  |
| Wrist |  |  |  |  |  |
| Finger/thumb |  |  |  |  |  |
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| **Primary procedure** | | **Revision procedure** | | **PROMs** | |
| Type of procedure (primary/revision) |  | Type of revision |  | Pre PROMs |  |
| Year of procedure |  | Reasons for revision |  | 3 months / 6 months PROMs |  |
| Side |  | Survival prosthesis |  | 12 months PROMs |  |
| Type of prosthesis |  | Survival patient |  | NRS Pain in rest |  |
| Fixation |  |  |  | NRS Pain during activity |  |
| Approach |  |  |  | HOOS-PS / KOOS-PS |  |
| Articulation |  |  |  | EQ index score |  |
| Femoral head size |  |  |  | EQ thermometer |  |
| Anonymized hospital |  |  |  | OHS / OKS / OSS |  |
|  |  |  |  | Anchor question(s) |  |
| **Other, specify below** | |  |  |  |  |
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Data is provided on the level of detail needed to answer the research question. Data will not contain any patient identifiable data and is made untraceable to physician(s) and hospital(s). Traceability of data on the level of the physician or hospital will only be performed after approval of the concerning hospital(s) or physician(s).

Please fill in the form in English and save the definitive LROI Grant Application Form as a PDF file. Please sent this grant application form (as PDF) including the Curriculum Vitae of the project leader (as PDF) to [LROI@orthopeden.org](mailto:LROI@orthopeden.org).