**Investigator Initiated Study (IIS) Proposal**

**Please email completed proposals to** [**research@brainsway.com**](mailto:research@brainsway.com) **by July 3, 2023**

**Cover Sheet**

**Basic Information**

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| **Date** |  |
| **Principal Investigator First Name** |  |
| **Principal Investigator Last Name** |  |
| **Degree** |  |
| **Position/Job Title** |  |
| **Institution/Clinic** |  |
| **Email Address** |  |
| **Phone** |  |

**Research Project Information**

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| --- | --- |
| **Project Title** |  |
| **Pilot Proposal Type**  *(check one or both)* | Data Request  Equipment Request |
| **Anticipated Project Start Date** *(earliest Fall 2023)* |  |
| **Anticipated Project End Date** |  |
| **IRB Approval/Waiver Obtained?**  *(check one)* | Yes  In-Process  No  Not Applicable |
| **Financial Support for Project Obtained?** | Yes  In-Process  No  Not Applicable |

**Resource Request**

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| **Data Set Requested?**  ***If yes, please specify below*** | Yes  No |

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| --- | --- | --- | --- |
| **Data Set** | **Requested?** | **Specific Data Fields** | **Link to Data Dictionary** |
| Multisite MDD | Yes  No |  | Contact [research@brainsway.com](mailto:research@brainsway.com) for details |
| Multisite OCD | Yes  No |  |
| Multisite Smoking | Yes  No |  |
| Multisite H1/H7 | Yes  No |  |
| PTSD H7 | Yes  No |  |

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| **Equipment Requested?**  ***If yes, please specify below*** | Yes  No |

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| **Stimulator** | **Presently Own?** | **Requesting Loan?** | **Notes** |
| 102 System | Yes  No | Yes  No |  |
| 104 System | Yes  No | Yes  No |  |
| 108 System (multichannel) | Yes  No | Yes  No |  |

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| **Coil** | **Active?** | **Sham?** | **Notes** |
| H1 Coil | Yes  No | Yes  No |  |
| H4 Coil | Yes  No | Yes  No |  |
| H7 Coil | Yes  No | Yes  No |  |
| Other (e.g. H10 Coil) | Yes  No | Yes  No |  |

**Specific Aims**

***1 page maximum***

[Insert here]

**Research Strategy**

***2-3 page maximum***

Include subsections for Significance/Impact on our knowledge, Investigator Team, Scientific Approach including Methods, Analysis, and Expected Outcomes for each Aim. A figure/table summarizing the experimental design is required.

[Insert here]

**Timeline and Dissemination Plan**

***1 page maximum***

This should include a table. Month 1 should be considered the first month that the data is shared or the device arrives. The timeline should include study initiation, recruitment, participant enrollment (as applicable), data analysis, presentation of results, publication, and application for subsequent extramural funding. Detail your plan for extramural grant applications, publication, dissemination, and/or implementation of findings.

[Insert here]

**Literature Cited**

Include all references that were listed in the Specific Aims and Research Strategy. APA, NIH or Vancouver style.

[Insert here]

**Biographical Sketch**

***5 pages maximum***

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person.

|  |  |
| --- | --- |
| **Name** |  |
| **Email Address** |  |
| **Position Title** |  |

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| --- | --- | --- | --- |
| **Education / Training**  Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary. | | | |
| **Start Year** | **End Year** | **Degree Received** | **University Name** |
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| **Personal Statement**  Provide a brief summary (100-200 words) of your clinical research experience, your goals for the future, and relevant experience you have in working with TMS and/or DeepTMS technology. Include relevant honors/awards, especially if you are an early carer researcher. State your role on this proposed project (e.g. Principal Investigator, study physician, statistician)] |
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| **Work Experience** | | | |
| **Start Year** | **End Year** | **Position Title** | **University/Clinic/Business Name** |
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| **Research Experience – Publications**  Within the space constraints of the biosketch (5 pages) list your publications as they are relevant to this research proposal. Abstracts presented as national meetings are acceptable, but manuscripts are preferred. You may also provide a link to your NCBI bibliography. |
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| **Research Experience – Grants**  List any grants you have received here including the start and end dates, award amount, granting agency, and a 1-2 sentence describing the study. If you have not received any grants, state “Not Applicable”. Add rows as necessary | | | | | | | | |
|  | **Start Year** | **End Year** | **Grant Title** | **Granting Agency** | **Award Amount** | **Principal Investigator** | **Your Role** | **Brief Description** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
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