

Consultation Service Intake Form

Please complete this form to help us coordinate your consultation.

What type of referral is this?

- Self-referral
 Referral for someone else

Triggers automated branching logic

Referral made by (Your last name, first name, and email)

How did you hear about our consultation services?

- CTSI brochure or advertisement
 Own division or department
 Other (please specify)
 (check all that apply)

(Please Specify (i.e. Name of person))

Please fill out the contact information below for the person you are referring:

First Name:

Last Name:

Email

Degree(s):

Department and Division (e.g. Medicine-Cardiology;
School of Public Health-Epidemiology;
Pediatrics-General Pediatrics)

Institution:

- Cedars-Sinai
 Charles R. Drew University (CDU)
 UCLA-Westwood
 Harbor (LA BioMed)

Academic Title:

- Postdoc or Fellow
 Clinical Instructor (if not trainee)
 Assistant Professor
 Associate Professor
 Professor
 Other

(Please Specify)

The questions below are presented once to survey respondent (using REDCap's automated branching) depending on referral type selected above.

What type of consultation are you requesting? (Check One) Triggers automated branching logic

To learn more about the 3 consultation services we offer, please visit:
<https://www.ctsi.ucla.edu/researcher-resources/pages/specialpop>

- Internal Pre-submission Grant Review
- Career Consultation
- Project-Specific Consultation
- I am not sure which consultation is most appropriate and I would like to speak with someone from your program.

What type of consultation are you recommending for Dr. [last_name]? Triggers automated branching logic

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For FAQs regarding our grant studios (including eligibility), please visit:
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Which special population does your research project involve? (Check all that apply)

- Children
- Older Adults
- Population affected by health disparities (please specify)
(check all that apply)

Which special population does your grant involve? (Check all that apply)

- Children
- Older Adults
- Population affected by health disparities (please specify)
(check all that apply)

Population with disparities:

_____ (Please Specify)

Briefly describe your health specialty/research focus:

Which special population does Dr. [last_name]'s research project involve (please check all that apply):

- Children
- Older Adults
- Population affected by health disparities (please specify)
(check all that apply)

Which special population does Dr. [last_name]'s grant involve (please check all that apply):

- Children
- Older Adults
- Population affected by health disparities (please specify)
(check all that apply)

Population with disparities:

_____ (Please Specify)

Briefly describe Dr. [last_name]'s health specialty/research focus:

Briefly tell us why you are recommending Dr. [last_name] as a potential client:

The questions below are displayed based on the type of consultation selected above.

Grant Studio Questions

Please provide details of your grant application:

Please provide details of Dr. [last_name]'s grant application:

Funding Opportunity Announcement (FOA)

(i.e. what is online link to the FOA)

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Check One

- New Submission
- Resubmission (if resubmission, what was the previous score and percentile?)

Check One:

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- Resubmission (if resubmission, what was the previous score and percentile?)

Previous score and percentile:

Previous score and percentile:

Funding Agency (e.g. NIA, NIDDK, NIMH)

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Grant Mechanism (e.g. K08, K23, R21, R01)

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Target Submission Date:

Target Submission Date:

Mentor(s) and/or Collaborator(s):

(Please tell us who is on the grant)

Mentor(s) and/or Collaborator(s):

(Please tell us who is on the grant)

Project Title:

Project Title:

Grant Proposal Keywords

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Have you discussed this grant with a NIH program officer?

- Yes
 No

Please suggest potential reviewers:

(do not include mentors/collaborators/consultants on grant)

Approximate date when you may have a draft of Specific Aims and Research Strategy to share with reviewers

(NOTE: if K grant, the Training Plan would also need to be submitted for review)

Please answer the following 4 questions about your grant application:

Please answer the following 4 questions about grant application:

Does the study involve human subjects?

- Yes
 No
 I don't know

Does the study involve human subjects?

- Yes
 No
 I don't know

Are the participants prospectively assigned to an intervention?

- Yes
 No
 I don't know

Are the participants prospectively assigned to an intervention?

- Yes
 No
 I don't know

Is the study designed to evaluate the effect of the intervention on the participants?

- Yes
 No
 I don't know

Is the study designed to evaluate the effect of the intervention on the participants?

- Yes
 No
 I don't know

Is the effect that will be evaluated a health-related biomedical or behavioral outcome?

- Yes
 No
 I don't know

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- Yes
 No
 I don't know

OPTIONAL: If you have any questions about our grant studios or would like to share additional information that would be helpful in coordinating your grant studio, please include here:

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Career Consultation Questions

How many hours per week can you commit to research in the next year?

Briefly, what is your projected plan in the next year regarding grant submissions, manuscripts in preparation, and/or data presentations at conferences (if applicable)?

Briefly, describe your career goals in the next 5 years?

What specific questions do you need consultation about?

Please suggest potential faculty consultant(s) who we should consider asking to participate in the meeting:

What specific questions does Dr. [last_name] need consultation about?

Please suggest potential faculty consultant(s) who we should consider asking to participate in the meeting:

Project Specific Consultation Questions

What specific questions do you need consultation about?

Please suggest potential faculty consultant(s) who we should consider asking to participate in the meeting:

What specific questions does Dr. [last_name] need consultation about?

Please suggest potential faculty consultant(s) who we should consider asking to participate in the meeting:

CV and Specific Aims

Can we contact Dr. [last_name]?

- Yes
 No

REQUIRED: Please upload your CV here:

If available, please upload your Specific Aims here:

If available, please upload Dr. [last_name]'s CV here:

If available, please upload Dr. [last_name]'s Specific Aims here:

You indicated this is a resubmission. If available, please upload the NIH summary statement here:

(NIH summary statement)