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| **WFH World Bleeding Disorders Registry Research Support Program**  **RESEARCH PROPOSAL**  **Only research proposals that use WBDR data will be eligible.** | | | | | |
| 1. **PROJECT TITLE**   Click here to enter project title | | | | | |
| 1. **HTC DIRECTOR / APPLICANT**   Name *(last, first, middle):* Click here to enter text.  Title: Click here to enter text.  Mailing address *(street, city, state/province, zip/postal code, country)*:  Click here to enter text.  Tel.: *(country code, area code & extension)*: Click here to enter text.  Fax: Click here to enter text. E-mail: Click here to enter text. | | | | | |
| 1. **APPLICANT HEMOPHILIA TREATMENT CENTRE**   Name*:* Click here to enter text.  Name of HTC Director: Click here to enter text.  Mailing address *(street, city, state/province, zip/postal code, country)*:  Click here to enter text. | | | | | |
| *Official from organization*  Name *(last, first, middle):* Click here to enter text.  Title: Click here to enter text.  Address:  Click here to enter text.  Tel.: *(country code, area code & extension)*: Click here to enter text.  Fax: Click here to enter text. E-mail: Click here to enter text. | | | | | |
| 1. **HTC DIRECTOR/APPLICANT:** I certify that the statements are true, complete and accurate. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if the WFH provide a grant.   Name: Click here to enter text. Date: Click here to enter a date.  Signature: | | | | | |
| 1. **OFFICIAL FROM INSTITUTION /ORGANIZATION:** I certify that the statements are true, complete and accurate.   Name: Click here to enter text. Date: Click here to enter a date.  Signature: | | | | | |
| 1. **PROJECT SUMMARY** | | | | | |
| **Project duration:**  One year:  Two years: | | **Start date:** enter start date. | | **End date:** enter end date. | |
| **Total number of identified people with hemophilia A or B, or type unknown (PWH) at your hemophilia treatment centre (HTC):** Click here to enter text. | | | | | |
| **Total number of identified people with von Willebrand disease (VWD) type 1, 2, 3, platelet or unknown at your HTC:** Click here to enter text. | | | | | |
| **Current participation status in the WFH World Bleeding Disorders Registry:**  Registered with the WBDR:  Submitted ethics application for the WBDR:  Ethics approved:  Started patient enrollment: | | | | | |
| 1. **RESEARCH PROPOSAL** | | | | | |
| **Background** (briefly highlight the research needs in your country i.e. what hemophilia and/or VWD concern you want to address?; what is the current situation in your HTC/country regarding hemophilia and/or VWD? Why is this research important?) | | | | | |
| **Research question** (one sentence with the research question you intend to answer, the research question should be based on your HTC data in the WBDR) | | | | | |
| **Methods** (what methodology will you use to achieve your research objective? i.e. study design, number of patients, data collection methods, and data analysis plans, any collaboration efforts with other HTCs?) | | | | | |
| **Expected results** (one paragraph on what you expect to find with your data analysis) | | | | | |
| **Data usage plan** (how do you plan on using your results from your research/study? i.e. data can be used for publication, to influence policy or for evidence-based advocacy purposes) | | | | | |
| 1. **PROJECT PLAN AND TIMELINE**: Briefly describe the main project activities and timeline | | | | | |
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| 1. **PROJECT BUDGET** *(maximum 1 page):* Provide a complete and detailed budget for the project. The funds must contribute towards the direct costs of the research program or project for which the funds were awarded. This can include any part of the WBDR approval process or data management process: obtaining ethics approval, collecting data, entering the data in the WBDR, cleaning the data, analyzing the data or writing up the report. Additionally, this can include staff, materials, internet access, and supplies. This does not include: investigator or clinical staff salaries, travel expenses, or clinic reimbursements. Any overhead costs should be included in your project budget. | | | | |
|  | | **YEAR 1** | | **YEAR 2** |
| **STAFF** | |  | |  |
| **DATA MANAGEMENT** | |  | |  |
| Ethics approval | |  | |  |
| Data collection | |  | |  |
| Data entry | |  | |  |
| Data cleaning | |  | |  |
| Data analysis | |  | |  |
| Report writing | |  | |  |
| **MATERIALS & SUPPLIES** | |  | |  |
| **OTHER** | |  | |  |
| **ANNUAL TOTAL** | |  | |  |
| **TOTAL BUDGET** | |  | |  |

*Please complete and email to* [wbdr@wfh.org](mailto:wbdr@wfh.org)*.*