

SAVE THIS FILE TO YOUR COMPUTER BEFORE STARTING

When completed, attach this file to an email and send to student-research@aps-spr.org

STUDENT RESEARCH PROGRAM

OF THE

SOCIETY FOR PEDIATRIC RESEARCH AND THE AMERICAN PEDIATRIC SOCIETY

LABORATORY DESCRIPTION APPLICATION

Please **TYPE** or **PRINT CLEARLY** your information in the spaces

PROGRAM LABORATORY:

Institution 1	
Institution 2	
Department	
Address	
Address	
City, State, Zip	
Country	
Phone	
Fax	
Email	

PRINCIPAL INVESTIGATORS:

Principal	First Name	MI	Last Name	Degree	Academic Rank
#1					
#2					

LAB SUPPORT:

Principal	First Name	MI	Last Name	Degree	Academic Rank
#1					
#2					
#3					

DEPARTMENT CHAIR:

Name of Chair	
Institution	
Department	
Address	
Address	
City, State, Zip	

RESEARCH:

Project Title:	
Brief Description Of Research:	
List 1 to 3 References: (Optional)	
Current and Future Research and Training Support:	

**Student Research Program
Laboratory Description Form – Page 2**

Is an Ethics Course on the Responsible Conduct of Research required by your Institution?

yes no

Are there funds available in your laboratory to support a summer student?

yes no maybe

Is any of this research funded through a clinical research center?

yes no

Are there any extended periods of time during the next year in which you will not be available for student contact in mentoring the research directly, as on sabbatical or similar activity? yes no

If so, list dates: _____

CURRENT:

Number (#) of predoctoral trainees?	
Number (#) of postdoctoral trainees?	

PAST 5 YEARS:

Total Number of predoctoral trainees?	
M.D.	
Ph.D.	
Other	
Total Number of postdoctoral trainees?	

What types of research activities will be available to a student?

	% Bench/Basic Research	% Clinical Research*	% Other Research	If "Other" included, please briefly specify
Percentage of time the student would spend in each activity:				

*If Clinical Research indicated, please check all that apply:

- a. clinical data collection, patient/subject contact
- b. clinical data/chart review/data analysis

CATEGORY OF RESEARCH

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Adolescent Medicine <input type="checkbox"/> Behavioral Pediatrics <input type="checkbox"/> Cardiology <input type="checkbox"/> Cell Biology <input type="checkbox"/> Critical Care <input type="checkbox"/> Developmental Biology <input type="checkbox"/> Developmental Pharmacology <input type="checkbox"/> Dysmorphology & Teratology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Epidemiology <input type="checkbox"/> Gastroenterology & Nutrition <input type="checkbox"/> General Pediatrics <input type="checkbox"/> Genetics <input type="checkbox"/> Health Services Research <input type="checkbox"/> Hematology & Oncology <input type="checkbox"/> Immunology | <ul style="list-style-type: none"> <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Metabolism & Diabetes <input type="checkbox"/> Neonatology <input type="checkbox"/> Neonatal Cardiology <input type="checkbox"/> Neonatal Epidemiology <input type="checkbox"/> Neonatal Immunology & Hematology <input type="checkbox"/> Neonatal Infectious Diseases <input type="checkbox"/> Neonatal Nutrition & Metabolism <input type="checkbox"/> Neonatal Pulmonology <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurology <input type="checkbox"/> Pharmacology <input type="checkbox"/> Preventive Medicine <input type="checkbox"/> Pulmonology <input type="checkbox"/> Rheumatology |
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Final Submission Steps:

- Attach this file to an email and send to: student-research@aps-spr.org

Questions? Call, 281-419-0052