



## BC SUPPORT Unit

Advancing patient-oriented research

**Grant ID:** 17441

**Applicant:** Zach Tester

**Host Institution:** MSFHR-DO NOT USE

**Competition:** DO NOT LAUNCH 2018 Pathway to Patient-Oriented Research (P2P)

Award TEST ONLY

**Task:** Complete Full Application (P2P)

**Submitted:** 9/14/2017 2:14:07 PM

### CONTACT INFORMATION

<b>Name</b>	Zach Tester
<b>Organization Affiliations</b>	MSFHR-DO NOT USE
<b>E-mail Address</b>	zachttester2016@gmail.com
<b>Address</b>	123 Fake St Vancouver, BC V6g 3g9
<b>Phone</b>	604-123-4567 Ext.
<b>Degrees</b>	MPH, SFU, 2015, Population Health
<b>Web Address</b>	www.msfhr.org
<b>Health Professional</b>	Yes - N/A



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**HOST INSTITUTION**

Primary	Role	Organization	City	Country
Yes	Host Institution	MSFHR-DO NOT USE	Vancouver	Canada

**ACTIVITY INFORMATION**

<b>Activity Title</b>	Pathway to Patient-Oriented Research (P2P) Award
<b>Brief Summary</b>	<p>For <b>Project Title</b>, please enter the title of your proposed activity.</p> <p>For <b>Brief Summary</b>, please enter a short description of your proposed activity, highlighting key elements and outcomes you hope to achieve. The brief description will guide the BC Support Unit and MSFHR staff in the facilitation of the peer review process, and provide reviewers with an overview of your proposed work.</p> <p><b>Reminders:</b></p> <ol style="list-style-type: none"> <li>1. Character limit for the Brief Summary section is <b>2500</b>. However, the character counter is set at 2750, to allow users to enter the maximum character limit of 2500.</li> <li>2. Scientific and/or mathematical symbols must be spelled out. These symbols may not be recognized or correctly displayed in the text box or the .pdf document.</li> <li>3. When copying and pasting huge amount of data into the text boxes, the character limit counter text will turn to red. This is a warning that you may have to adjust the amount of data you are copying and to monitor that you are not exceeding the character limit.</li> <li>4. Maintain consistent font style and size by ensuring formatting has been applied to all data before copying them in the text boxes.</li> <li>5. Before you submit your application, check the PDF to ensure that the text entered is displayed correctly.</li> </ol>



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## KEYWORDS

<b>Keywords</b>	Aboriginal Health, Allergy, Anatomy
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## RESEARCHER AND PATIENT CO-LEADS

### Principal Applicant

Primary	Role	Name	Organization Name
Yes	Researcher	Zach Tester,	MSFHR-DO NOT USE

### Third Party

Role	Name	Organization Name
Patient Co-Lead	December Tester	University of British Columbia



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## ADDITIONAL INFORMATION

### Team Description

1. Describe your role in the planning and execution of the proposed work.
2. List all additional team members involved in the planning and execution of the proposed work beyond the other co-leads, including each member's:
  - Name and position
  - Organization affiliation
  - Whether a team member is a researcher or research user
  - Role in the project
  - Justification for their inclusion

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### Information about the Team

1. If the team has worked together previously, provide evidence of successful partnerships (e.g., description of previous successful partnerships).
2. If the team has not worked together previously, provide the rationale for why this new



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partnership is likely to succeed.

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### Trainee's Role (P2P)

Describe how the trainee(s)'s participation will enhance their experience and skills in patient-oriented research.

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### How did you find out about the P2P Program?

How did you find out about this Program? (e.g. BC Support Unit website, MSFHR website, BC Support Unit mailing list, posting in research office, etc.)

## UPLOADS

The following pages contain the uploads provided by the applicant:

Upload Type	File Name	Uploaded By	Uploaded Date
Proposed Work Plan	Proposed Work Plan.pdf	Sales, Dainty	09/14/2017
MSFHR Full CCV	CCV Full.pdf	Sales, Dainty	09/14/2017
Pubs, Patents & Intellectual Rights	Pubs, Patents, IPR.pdf	Sales, Dainty	09/14/2017
Budget	2018 P2P Grant Budget Template.pdf	Sales, Dainty	09/14/2017

# PROPOSED WORK PLAN





Discover. Connect. Engage.



This is a draft version only. Do not submit to any funding organization. Only the final version from the History page can be submitted.

## Mr. John Doe

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### Language Skills

Language	Write	Read	Speak	Understand	Peer Review
Akkadian	Yes	Yes	No	Yes	No
Kashmiri	No	Yes	Yes	Yes	Yes
Nyamwezi	Yes	Yes	Yes	Yes	Yes
Pangasinan	No	No	No	Yes	No
Timne	No	No	No	Yes	Yes

Degrees

Credentials

Recognitions

User Profile

Employment

Affiliations

Leaves of Absence and Impact on Research

Research Funding History

Courses Taught

Course Development

Program Development

Student/Postdoctoral Supervision

Staff Supervision

Event Administration

Editorial Activities

Mentoring Activities

Expert Witness Activities

Journal Review Activities

Conference Review Activities

Graduate Examination Activities

Research Funding Application Assessment Activities

Promotion Tenure Assessment Activities

Organizational Review Activities

Event Participation

Community and Volunteer Activities

Knowledge and Technology Translation

International Collaboration Activities

Committee Memberships

Other Memberships

Presentations

Broadcast Interviews

Text Interviews

# **PUBLICATIONS, PATENTS, AND INTELLECTUAL RIGHTS**

**BUDGET**

- List details on costs for all human resources, services and supplies, travel, and other eligible expenses. The budget should include appropriate tax.
- The total budget must NOT exceed \$20,000. Please review appendix A in the 2018 P2P Award Guidelines for a list of eligible and ineligible expenses.
- If resources from other sources will be used to complement specific expenses funded by the P2P Award, please list them in the last column (Requested or received from other sources).
- Too add more lines, please insert rows in the respective categories.

*Note: Expenses already funded by another grant cannot be deferred to an BC SUPPORT Unit P2P Award.*

A. Human Resources	Amount Requested	Justification	Requested or received from other sources (specify source)
<b>TOTAL Human Resources</b>	\$ -		
B. Services and Supplies	Amount Requested	Justification	Requested or received from other sources (specify source)
<b>TOTAL Services and Supplies</b>	\$ -		
C. Travel	Amount Requested	Justification	Requested or received from other sources (specify source)
<b>TOTAL Travel</b>	\$ -		
D. Other (specify)	Amount Requested	Justification	Requested or received from other sources (specify source)
<b>TOTAL Other</b>	\$ -		
	<b>Tax</b>		
<b>TOTAL REQUESTED</b>	\$ -		