

ResearchNext®

Program Overview

Ambry's ResearchNext program provides an annual award to one or more investigators for research projects that focus on the impact of genetic testing on any one or a combination of relevant stakeholders (i.e. affected individual, family, clinician, institution, payers, medical system or society). Examples of relevant topics include utilization management, psychosocial impact of testing, various delivery models for genetic testing and clinical outcomes. Priority will be given to proposals that involve multi-gene panel testing.

APPLICATION PROCESS

Please submit the following information to ambirstudies@ambrygen.com

- Research proposal (details below)
- Completed ResearchNext application
- Current Curriculum Vitae
- Letter of support from your research mentor or current employer

AWARD DETAILS

Support of up to \$5,000 direct costs may be requested. Applicants may, in addition, request subsidized or in-kind genetic testing to be completed at Ambry Genetics. Proposals including development of products, which would then be available for purchase by the public for which a profit may be gained, are not fundable.

APPLICANT ELIGIBILITY

Applicants are expected to have experience in the field of genetics and genomics. The Principal Investigator should be graduate level trained (MS, PhD, MD, MSN, DNSc). Applicants who are new graduates or for whom this would represent their first leadership experience on a research project must identify a research mentor who will support them in their work. Current or former employees of Ambry Genetics, and any current employees of other genetic testing labs, are not eligible to apply.

REVIEW PROCESS

Proposals will be reviewed on the basis of their merit and strength. Applications will be reviewed by Ambry staff for completeness and relevance, and a clinical research review committee will be utilized to select the award recipients. The final decision to fund a project is at the discretion of Ambry Genetics. No preference from current or former Ambry clients will be given.

REGULATORY, ETHICAL AND SAFETY RESPONSIBILITIES OF INVESTIGATORS

Applicants are expected to have considered related guidelines for research in the planning of their projects including safeguards for the protection of human subjects and applicable federal and state regulations.

PROPOSAL OUTLINE

Proposals should include the following information and be no more than 4 pages in length with a maximum of 2 pages of supplemental information (charts, graphs, references).

- Title, background and rationale for your study
- Statement of need and relevance of the project to the field of genetic testing
- Goals/Specific Aims - List the specific aims of the project that will support the stated need, as well as the measurable markers of progress for each aim
- Methods - should support each of the aims listed and be adequately detailed to allow for comprehensive review
- Statistical Plan - describe the plan for data analysis and whether quantitative or descriptive
- Evaluation of Results - indicate the proposed measure(s) for success of the project
- Plan for Dissemination of study results - include a plan for disseminating the findings of the project, including presentation to at least one academic meeting
- Project Timeline - provide a timeline that illustrates the proposed schedule for completion of milestones along the way to completion of the study
- Budget - provide a detailed list of how funds will be used and justification for each item

ResearchNext® Grant Application

TITLE OF PROJECT			
Name/Title			
PRINCIPAL INVESTIGATOR			
Name		Degree(s)/Certification	
Position		Department	
Organization			
Mailing Address		City	State Zip Code
E-mail		Phone	Trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Organization (choose all that apply): <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Academic Hospital <input type="checkbox"/> Community Hospital <input type="checkbox"/> Other:			
CO-INVESTIGATORS			
Name & Degree(s)		Affiliation	
PRIMARY CONTACT AND/OR OTHER KEY PERSONEL			
Name/Title		E-mail	Phone
FUNDS REQUESTED			
Total Grant Requested (\$)		Services Requested	Internal Use
SIGNATURES			
PI Signature:			Date:
Organization Official Signature:			Date: