

Research Support Directorate: Project Check List

The purpose of the RSD is to aid investigators in submitting and managing grant proposals as well as carrying out collaborative research. It does not seek to evaluate the scientific or ethical questions raised by the proposal which are the purview of the IRB. The RSD also seeks to ensure that the investigator(s) have ensured that they have all the resources required to successfully carry out their work and that the hospital is able to provide any additional resources required. This requires prior identification of resources and cost implications as well as avoiding duplication of equipment.

The form provides a check list that will help in filling up the resource requirements in most grant forms. These need to be completed early on in the grant submission process so finance, HR, estates etc have provided the right input where necessary. We would recommend that the form is submitted at the time of the grant application. Not all fields are applicable to all grant applications and you can enter "Not Applicable"

The form is self explanatory. Please send the form to the RSD by email. It will be reviewed by a member of the team and they will come back to you with any questions. We aim to complete the approval process within 7 working days.

We hope you will find the form useful in planning your application. RSD will use the information provided to update the administration of future resource requirements for research, the annual research report and submissions to national authorities for regulatory and tax purposes. If you have any suggestions for the form please let us know.

Research Support Directorate: Project Check List

RSD Project Number: 0

Date received by RSD: 01/01/2020

Reviewer Comments:

Date Approved by RSD: 01/01/2020

Approved on Behalf of RSD by: Signature

(above to be filled in by RSD only)

Section A

Project Details

Title of Project: A PROSPECTIVE MULTICENTRIC OBSERVATIONAL POST MARKET SURVEILLANCE STUDY AND PERFORMANCE EVALUATION STUDY TO ASSESS THE SAFETY, REAL WORLD DIAGNOSTIC PERFORMANCE AND CLINICAL UTILITY OF ELECTRICAL IMPEDANCE-BASED BIRADx SYSTEM (BOS) FOR BREAST TUMOR EVALUATION BEFORE BIOPSY OR DURING BREAST CANCER SURGERY

Name of Investigator / Applicant: DR. ABHISHEK SHARMA

Department: BREAST ONCOSURGERY

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Mobile Number: 9928851074

Telephone Extension:

Co Investigators

Name: DR. ABHISHEK SHARMA

Department: BREAST ONCOSURGERY

Name: DR. SHAGUN MAHAJAN

Department: BREAST ONCOSURGERY

Name: DR. ANERI BHATT

Department: BREAST ONCOSURGERY

Add more if necessary

Start Date: 01/01/2020

End Date: 01/01/2020

Project Summary

Please list aims, objectives and expected outcomes (maximum 250 words)

STUDY AIM IS TO DIFFERENTIATE LESIONS WITH A HIGHER LIKELIHOOD OF MALIGNANCY FROM THOSE THAT ARE LIKELY BENIGN.

OBJECTIVE OF THIS STUDY IS TO ASSESS SAFETY, SENSITIVITY AND ACCURACY OF BDS IN BREAST TUMOR DETECTION, COMPARISON WITH HISTOPATHOLOGY, EVALUATE DIAGNOSTIC ACCURACY OF BDS AND REDUCE UNNECESSARY BIOPSIES FOR BIRADS 3 LESIONS. ALSO TO DETECT EARLY STAGE MALIGNANCIES IN YOUNG PATIENTS WITH DENSE BREAST.

Project Budget (Lakhs) (Leave as 0 if not applicable)

Total 0.00

Salaries 0.00

Consumables 0.00

Equipment

Is this a multi-institutional project

Yes ☒

No ☐

If no go to section C

Section B External Collaboration

Which is the lead centre? NATIONAL CANCER INSTITUTE (NCI) JHAJJAR,
AIIMS DELHI

Who is the PI? DR. JYOTISHMAN SAIKIA,
ASSISTANT PROFESSOR,
DEPARTMENT OF SURGICAL ONCOLOGY, NCI-AIIMS, JHAJJAR

Collaborating Centres

Centre TATA MEDICAL CENTER, KOLKATA

Name and Designation of PI at Centre DR. ABHISHEK SHARMA,
DEPARTMENT OF BREAST ONCOSURGERY

(please add as necessary)

Section C Funding Details

Is this project externally funded

Yes ☐No ☒**If No go to section D**

Which grant agency is funding this project

NON FUNDED

Has the funding been awarded

Yes ☐Awaited ☐Applied for ☐

Date award expected/received

01/01/2020

Total Amount of Award (in lakhs)

0.00

Total Amount to TMC PI (in lakhs)

0.00

Section D Resource RequirementsHuman Resources

Will you be appointing staff?

Yes ☐No ☒

If yes, please fill the following

Number of staff to be employed on the project

Details of staff (please fill for each staff)

Staff 1

1. Designation

2. Start Salary 0.00

3. Duration of Appointment

Start: 01/01/2020

End: 01/01/2020

4. Is salary fully covered by the grant? Yes ☐No ☐

If No – where is the shortfall being met from

5. Is salary fixed for the entire duration or will there be yearly increments?

Please inform Finance of salary calculations

6. Will staff be eligible for TMC health insurance/coverage? Yes ☐ No ☐

If yes, please ensure that this has been discussed with HR

Estates

Will staff require office space and desk? Yes ☐ No ☒

If Yes please fill the following:

Has space been identified Yes ☐ No ☐

Do they require IT support (email, computer, software) Yes ☐ No ☐
What is the budget for these resources?

Please ensure that IT requirements have been discussed with IT

Laboratory Space

Will staff require laboratory space? Yes ☐ No ☒

If yes, please fill the following

Where is the space located ?

What equipment and resources are required?

What is the budget for these resources?

Who is in charge of this space?

Has this been discussed with the person in charge of this space? Yes ☐ No ☐

Biobank Facilities

Will biobank facilities be required Yes ☐ No ☒

If yes

Has this been discussed with the biobank and costed Yes ☐ No ☐

Hospital Facilities

Does the project require additional use of hospital facilities Yes ☐ No ☐

If Yes, please fill the following – if yes to any, please specify if existing or new facilities/equipment/tests are required

Clinical Space required

OP	Yes ☐	No ☒
IP	Yes ☐	No ☒
Daycare	Yes ☐	No ☒
OT	Yes ☐	No ☒
Others	Yes ☐	No ☒

Medical Equipment Required Yes ☒ No ☐

Diagnostic Laboratory Tests Yes ☐ No ☒

Radiology Yes ☐ No ☒

Section E Project Management

Finance

Does the project require audited financial report and/or external audit?

Yes ☐ No ☒

If yes, please discuss with Finance

Data Management

Please outline your data management plan (250 words) – how will data be collected and processed? How will it be stored and for how long? Have resources been identified for short term and long-term storage? What steps have been taken to ensure confidentiality and data protection?

Data will be stored in Redcap. Overall analysis will be done at NCI THAJJAL with inputs from TMC kollate.

What percentage of time will you be spending on this project? 0%

How many projects are currently being handled by you? 0

Section F Other comments from the Applicant

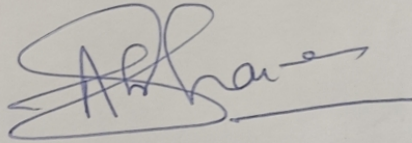
Do you have any additional comments or issues?

Section G Conflict of Interest Declaration

Note if there are none, please use the default as entered.
For e.g if it is a pharma sponsored study and the hospital or you are receiving a payment, speakers fee, sponsored travel to meetings etc.

I have no conflicts of interest to declare

Form Filled By



Date

02.09.26.

Please Email to: rsd@tmckolkata.com; Note: **attach additional sheet if required**