Bristol Myers Squibb™

Quality Improvement Initiative in CAR T (QII-CAR T)

Application Form

Project Title

1. Principal Applicant Information	
Name	
Email Address *(Communications regarding this application will be sent to this email address)*	
Alternate Email address (if applicable) *(Both email addresses will be used in communication with the Applicant)*	
Title	
Institution	
Legal Name of Institution *(for contracting and issuing payments)*	
Province	

2. Co-Applicants (if applicable) and Team Members	
Co-applicants: Name: Title: Organization: Email:	**Other team members:** Name: Title: Institution:
Name: Title: Organization: Email:	Name: Title: Institution:

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3. Project Details
Unmet medical need: *Describe the problem you wish to address and its impact (ex. specific healthcare constraint). Describe the project starting point, including quantitative baseline data or metrics. Ensure project does not duplicate other projects/materials already developed or freely available from other centers.*

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***Proposed intervention**: Describe the proposed workflow transformation(s), including measurable and realistic project objectives. If it is part of a larger project where external sources of funding or support have been received, please indicate how the BMS funds will contribute to supporting a unique aspect of the larger project*

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Patient impact: *Describe how your workflow transformation(s) will impact care for lymphoma patients on CAR T therapy (ex. target population, geographic reach, number of patients potentially affected).*

Team Contribution: *Demonstrate that you have the necessary expertise to carry out the workflow transformation project by describing the team member and contributors to the project.*

Risks and Mitigation: *Identify major project risks and how these will be mitigated*

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Evaluation: *Describe how you will assess/quantify the success of your workflow transformation*
Transferability: *Describe how the project outcomes will be disseminated and the impact this project could have on other healthcare teams or hospitals.*

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Additional information (optional): *Note any additional information that you feel BMS should be aware of in reviewing this project.*

4. Project Timelines: *Document only the critical milestones of the project and approximate timelines associated. Assume receipt of funds from BMS ~ 2 months after project submission. Projects should be completed within 1 year*	
Milestone / Key Action	**Timeline (month/year)**

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5. Budget Proposal: *Enter details of your requested budget. Specify job title and time required if applicable. Include overhead in your total amount requested.*		
Item	**Detail**	**Estimated dollar $**
EXEMPLE – Project Manager	*40 h/month x 3 month = 120 h x 80 $/h*	*9 600 $*
EXEMPLE – Translation	*10 h*	*1 000 $*
SUBTOTAL		
OVERHEAD	*Specify the percentage*	
TOTAL AMOUNT REQUESTED *(inclusive of overhead)*		

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6. Department Leadership Authorization: *Some quality improvement projects may require team members to contribute to the project in addition to their regular duties. Long-term sustainability of a project may also require buy-in from departmental leadership. Please obtain confirmation of project alignment with priorities of the Institution.*		
Sustainability Plan: *Please describe your sustainability plan, especially if long-term funding is needed.*		
Confirmation from Chief of Department / Service / Unit		
Chief of Department Name	**Department**	**Signature**
Principal Applicant Signature: _____ Date:_____		

For assistance with the application form, to submit your completed application, or if you would prefer to complete the application on a Word document instead of a fillable PDF, please contact:

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