



Research Award Recipient Survey

Recipient Name:

Dermatology Foundation Research Awards:

1. Current Institutional Affiliation (please specify):

- Academic Institution: _____
- Other: _____

2. Current Professional Category:

a. Please select one of the following:

- Full-time academic
- Part-time academic, more than 50% time ____; less than 50% time ____
- Full-time or part-time research, non-academic environment (e.g., industry, other)
- Mainly in private practice
- Engaged in non-biomedical pursuits
- Other (*please specify*) _____

b. If you have a full or part-time academic position, indicate how your time is allocated:

- _____ % Bench research
- _____ % Clinical research
- _____ % Teaching
- _____ % Patient care
- _____ % Administration

(sum of answers must = 100%)

c. If you have a full or part-time academic position, indicate your primary and secondary appointment (if applicable):

Primary: _____ (Title) _____ (Department/Division)

Secondary: _____ (Title) _____ (Department/Division)



Research Award Recipient Survey (cont.)

3. Current Faculty Rank and/or Administrative Title (please select all that apply):

- Assistant Professor or equivalent
- Associate Professor or equivalent
- Professor or equivalent
- Division/Department Chair/Chief
- Other (please specify current title) _____
- Not in academia

4. Number of Publications To-Date:

- a. _____ Total
- b. _____ Peer-reviewed scientific and clinical manuscripts
- c. _____ Monographs and chapters
- d. _____ Scientific abstracts

5. Research Funding (other than DF awards):

- a. Do you hold or have you held support from the following sponsors? If so, please specify the support, its duration, and its amount.
 - Yes
 - No

Sponsor	Award Type / Title	Dates of Support (mo/yr to mo/yr)	Total Dollars
Burroughs Wellcome Fund			
Doris Duke Foundation			
Howard Hughes Medical Institute			



Research Award Recipient Survey (cont.)

b. Identify **all other** funding you received subsequent to the Dermatology Foundation award(s) (e.g., NIH, corporate sponsors, VA, other federal agencies, etc.)

Granting Agency / Sponsor (e.g. NIH, Department of Defense, ASA, etc.)	Award Type / Title (e.g., K08, etc.)	Dates of Support (mo/yr to mo/yr)	Principal Investigator (Yes/No)	Total Dollars

6. Please indicate if you hold any of the following memberships, honors, or recognitions.

- Membership in the American Society for Clinical Investigation
- Membership in the Association of American Physicians
- Membership in the American Dermatological Association
- Certification by the American Board of Dermatology
- A tenured faculty appointment
- A leadership position in the SID, the AAD, or a subspecialty society.
- Membership on a Study Section

7. Please indicate where you currently conduct research:

- Academic institution
- Federal institution (please specify) _____
- Private foundation (please specify) _____
- Private laboratory or corporation
- Other (please specify) _____
- Not applicable; not conducting research (*skip to Question 9*)

8. Is your primary research focus in skin biology?

- Yes
- No (please identify) _____

9. Please review the following checklist and place an X next to the topics in which you have expertise.

<p>a. <input type="checkbox"/> Immediate hypersensitivity, IgE</p> <p>b. <input type="checkbox"/> Immunology</p> <p>c. <input type="checkbox"/> Inflammation</p> <p>d. <input type="checkbox"/> Lymphokines, cytokines</p> <p>e. <input type="checkbox"/> Mediators (e.g., histamine, eicosanoids)</p> <p>f. <input type="checkbox"/> Neuropeptides</p> <p>g. <input type="checkbox"/> Oxidative damage, NO</p> <p>h. <input type="checkbox"/> Photobiology, phototoxicity</p> <p>i. <input type="checkbox"/> Photoimmunology</p> <p>j. <input type="checkbox"/> Aging</p> <p>k. <input type="checkbox"/> AIDS, Kaposi's Sarcoma</p> <p>l. <input type="checkbox"/> Atopy</p> <p>m. <input type="checkbox"/> Autoimmune diseases</p> <p>n. <input type="checkbox"/> Bullous diseases</p> <p>o. <input type="checkbox"/> Clinical trials</p> <p>p. <input type="checkbox"/> Connective tissue diseases, inherited</p> <p>q. <input type="checkbox"/> Contact dermatitis</p> <p>r. <input type="checkbox"/> Epidemiology, health care outcomes</p> <p>s. <input type="checkbox"/> Epidermal disorders, inherited</p> <p>t. <input type="checkbox"/> Hair biology and/or hair diseases</p> <p>u. <input type="checkbox"/> Keloids, hypertrophic scars</p> <p>v. <input type="checkbox"/> Lasers</p> <p>w. <input type="checkbox"/> Lymphoma, CTCL</p> <p>x. <input type="checkbox"/> Microbial infections</p> <p>y. <input type="checkbox"/> Nails, nail diseases</p> <p>z. <input type="checkbox"/> Occupational dermatology</p> <p>aa. <input type="checkbox"/> Pharmacology</p> <p>bb. <input type="checkbox"/> Pigment cell disorders</p> <p>cc. <input type="checkbox"/> Psoriasis</p> <p>dd. <input type="checkbox"/> Sweat glands & related disorders</p> <p>ee. <input type="checkbox"/> Desmosomes, other adhesion complexes</p> <p>ff. <input type="checkbox"/> Epidermal differentiation</p> <p>gg. <input type="checkbox"/> Epidermal lipids, barrier function</p> <p>hh. <input type="checkbox"/> Epidermal structural proteins</p> <p>ii. <input type="checkbox"/> Gene expression</p> <p>jj. <input type="checkbox"/> Gene transfer, gene therapy</p> <p>kk. <input type="checkbox"/> Keratinocyte metabolism</p> <p>ll. <input type="checkbox"/> Molecular genetics, linkage analysis</p> <p>mm. <input type="checkbox"/> Protein structure</p> <p>nn. <input type="checkbox"/> Transgenic mice, knockout mice</p>	<p>oo. <input type="checkbox"/> Acne</p> <p>pp. <input type="checkbox"/> Childhood diseases/Pediatric Dermatology</p> <p>qq. <input type="checkbox"/> Human appearance/Cosmetic Dermatology</p> <p>rr. <input type="checkbox"/> Women's health</p> <p>ss. <input type="checkbox"/> Adipose tissue & other SQ components</p> <p>tt. <input type="checkbox"/> APCs, dendritic cells</p> <p>uu. <input type="checkbox"/> B cells, immunoglobulins</p> <p>vv. <input type="checkbox"/> Endothelial cells, vasculature</p> <p>ww. <input type="checkbox"/> Fibroblasts, stromal dendrocytes</p> <p>xx. <input type="checkbox"/> Keratinocytes</p> <p>yy. <input type="checkbox"/> Macrophages</p> <p>zz. <input type="checkbox"/> Mast cells</p> <p>aaa. <input type="checkbox"/> Melanocytes</p> <p>bbb. <input type="checkbox"/> Other cells of the dermis and epidermis</p> <p>ccc. <input type="checkbox"/> T cells, T cell mediated responses</p> <p>ddd. <input type="checkbox"/> Apoptosis</p> <p>eee. <input type="checkbox"/> Carcinogenesis</p> <p>fff. <input type="checkbox"/> Cell cycle, proliferation</p> <p>ggg. <input type="checkbox"/> Differentiation</p> <p>hhh. <input type="checkbox"/> Growth factors, receptors</p> <p>iii. <input type="checkbox"/> Melanoma</p> <p>jjj. <input type="checkbox"/> Non-melanoma skin cancer</p> <p>kkk. <input type="checkbox"/> Signal transduction</p> <p>lll. <input type="checkbox"/> Stem cells</p> <p>mmm. <input type="checkbox"/> Tumor immunology</p> <p>nnn. <input type="checkbox"/> Wound healing</p> <p>ooo. <input type="checkbox"/> Biomechanical properties of skin</p> <p>ppp. <input type="checkbox"/> Collagenases, matrix degradative enzymes</p> <p>qqq. <input type="checkbox"/> Connective tissue</p> <p>rrr. <input type="checkbox"/> Epidermal basement membrane</p> <p>sss. <input type="checkbox"/> Extracellular matrix, other</p> <p>ttt. <input type="checkbox"/> Integrins, cell adhesion</p> <p>uuu. <input type="checkbox"/> Proteoglycans/GAGs</p> <p>vvv. <input type="checkbox"/> Developmental Biology</p> <p>www. <input type="checkbox"/> Genetics</p> <p>xxx. <input type="checkbox"/> Epigenetics</p> <p>yyy. <input type="checkbox"/> Dermatopathology</p> <p>Other:</p> <p>zzz. _____</p>
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Research Award Recipient Survey (cont.)

10. What clinical developments resulted from your DF award?

11. How did your Dermatology Foundation award(s) impact your career?

12. Please indicate your age when you received your first NIH Award:

- a. _____ Years of Age b. _____ Not Applicable

13. Are you a current member of the Dermatology Foundation?

- Yes
 No

Thank you for your time.