The ABIMBOLA AINA OMOLOLU-MULELE Research GRANT

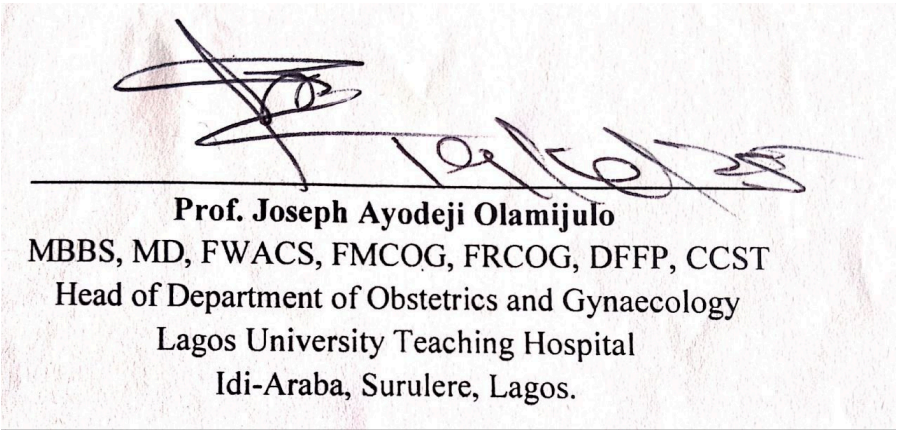
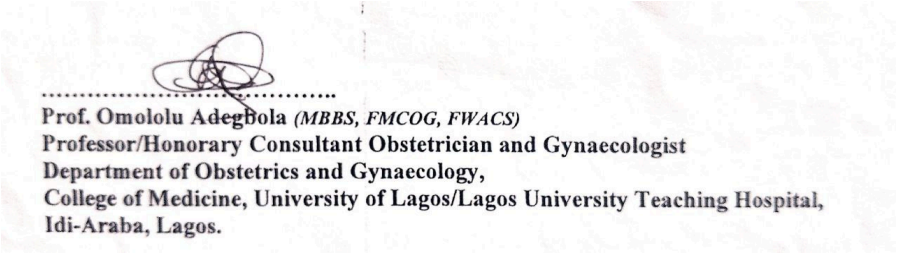
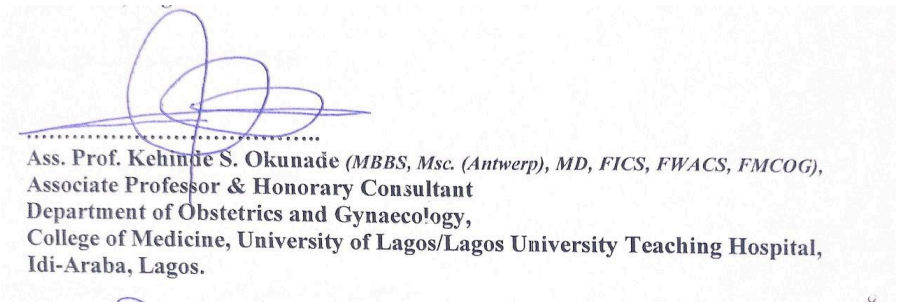
GUIDELINES

Section	Notes
1	Please give affiliation including Department and University or Institute.
2 and 3	Digital signatures may be used here. Please see the documentation for your specific software for more information.
7	Please include information on: i. The novelty of your work. Please provide some background information and explain how you plan to build on this. ● If your work is a continuation of a previous piece of work, please outline your previous results and explain what you expect this new work to contribute. ii. What you plan to do. iii. The likely outcomes of your research. Please note that the main body of the research must be undertaken by the applicant (see Regulation 3).
8	Please include a copy of your CV.
10	The maximum award for the research fund is ₦1,500,000.00.
12 and 13	Your referees should be able to comment on your proposed project and your previous work to date.
14	Digital signatures may be used here.

The ABIMBOLA AINA OMOLOLU-MULELE Research GRANT

1. Details	
Name:	Dr Adewale Foluso Falaye
Email address:	wfalaye@gmail.com
Institute/affiliation:	Lagos University Teaching Hospital(LUTH)
Position/job title:	Senior Registrar /Dr
Telephone number:	+2348062568790

2. Head of Department's details	
Name:	**Prof Joseph Ayodeji Olamijulo**

Signature:	
3. Supervisor's details (if required – see criterion 9)	
Supervisor 1	
Name: **Signature:** **Supervisor 2** **Name:** **Signature:**	 

4. Highest qualification attained and date awarded:	
	Membership of West African College Of Surgeons(MWACS) April 2022

5. Title of proposed research:

ASSOCIATION BETWEEN GLYCATED HAEMOGLOBIN LEVEL AND NEONATAL BIRTHWEIGHT AMONG NON-DIABETIC PREGNANT WOMEN AT THE LAGOS UNIVERSITY TEACHING HOSPITAL , LAGOS.

6. Where the research is to be conducted:

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY, LAGOS UNIVERSITY TEACHING HOSPITAL ,(LUTH) LAGOS.

7. Describe the nature of the research, including whether it is a new piece of research or if it is an extension of an ongoing project and any expected scientific results:

It is a new piece of research which has already been given approval by LAGOS UNIVERSITY TEACHING HOSPITAL , LAGOS HEALTH RESEARCH COMMITTEE with assigned number : ADM/DSCST/HREC/APP/7793

8. Please list any relevant publications by applicant (maximum of 5):

No publication yet please

9. Please give a budgetary breakdown of the research, including how you intend to spend any research fund granted.

RESEARCH BUDGET

Category	Description	Rate/Unit Cost (₦)	Quantity/Duration	Total(₦)
Personnel	Principal Investigator	₦150,000/month	6 months	₦900,000
	Research Assistants (2 resident doctors)	₦100,000/month	6 months	₦600,000
	Statistician	₦200,000	One-off	₦200,000
	Laboratory Technician	₦120,000/month	3 months	₦360,000
Subtotal (Personnel)				₦2,060,000

Materials & Supplies Lab consumables (HPLC kits, reagents) = ₦5,000 / 100 samples = ₦500,000

Stationery (forms, pens, files) ₦2,000 / 10 packs = ₦20,000

Printing/Photocopying ₦50 / 1,000 copies = ₦50,000

Subtotal (Materials) = ₦570,000

Miscellaneous

Ethics Approval Fee ₦50,000

Communication (phone, internet) ₦10,000/month / 6 months = ₦60,000

Contingency (10% of total) = ₦300,000

Subtotal (Miscellaneous) = ₦410,000

Grand Total: ₦3,040,000

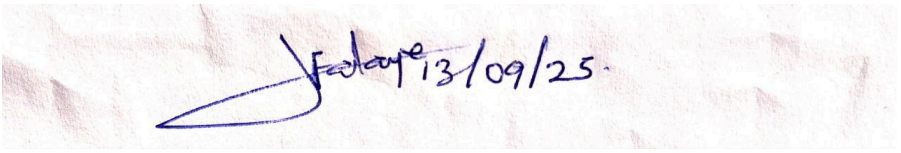
10. Please give brief details of other sources of funding normally available to you, including (where possible), the outcomes of any applications or reasons why you have not sought funding from these sources:

Federal government Medical Residency Training Fund(MRTF), and Savings from Monthly Wages .

11. Referee 1 details	
Name:	DR TOPE OJO
Email address:	topsky1917@yahhoo.com
Mobile Phone No:	08037219077
Institute/affiliation:	Fed.Medical Centre Ebute Metta Lagos
12. Referee 2 details	
Name:	DR BOLUTIFE IDOWU
Email address:	Bscompucot21@gmail.com
Mobile Phone No:	08034277691
Institute/affiliation:	

13. Declaration

If awarded an ABIMBOLA AINA OMOLOLU-MULELE Research Fund Grant, I agree to provide a full research report of approximately 1000 words and a detailed statement of expenditure by the following December. Funds will be used by me for my research expenditure (see Criteria 2 & 3) as indicated in this application.

Signature of applicant:	
Date:	**13/09/25**