

LFIR # 1402

1. Project Title	Baptist Health R	esearch Institut	te Fa	milial Screening for E	Brain Aneurysms	
2. Senate Sponsor	Aaron Bean					
3. Date of Request	02/07/2021					
4. Project/Program D	escription					
deadly or incapacita aneurysms in patier biomarkers associa	ating sequelae, as w nts with a positive fa ted with this disease	ell as to decreamily history for e. Ideally, the de	ase th this d evelo	to prevent subarachr ne economic burden. condition in the state pment of a blood tes he costs associated	Our goal is to study of Florida and anal could increase ac	nd, consequently, its y the prevalence of yze genetic profiles and cess to screening for the
5. State Agency to re	ceive requested fu	nds Depa	rtmer	nt of Health		
State Agency conta	acted? No					
6. Amount of the Non	recurring Request	for Fiscal Yea	r 202	21-2022		
Type of Funding				Amo	unt	
Operations					250,000	
Fixed Capital Outlay					0	
Total State Funds	Requested				250,000	
7. Total Project Cost	for Fiscal Year 202	1-2022 (includ	ing n	natching funds ava	lable for this proj	ect)
Type of Funding				Amount	Percentage	
Total State Funds Requested (from question #6)				250,000	100%	
Matching Funds						
Federal				0	0%	
State (excluding the	amount of this requ	uest)		0	0%	
Local				0	0%	
Other				0	0%	
Total Project Costs	s for Fiscal Year 20)21-2022		250,000	100%	
8. Has this project pr	eviously received	state funding?	•	Yes		
Fiscal Year	Amo	ount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurrir	ng	Appropriation #		
2020-21		250	,000	509	Yes	
9. Is future funding li	kely to be requeste	ed?		Yes		
a. If yes, indicate nonrecurring amount per year.				150,000		
b. Describe the so	urce of funding tha	at can be used	in lie	eu of state funding.		
N/A						
10. Has the entity req	uesting this proje	ct received any	y fed	eral assistance rela	ted to the COVID-	19 pandemic?
No						



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I	If yes, indicate the amount of funds received and what the funds were used f	or.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Salary for a laboratory technician to process blood samples and collected MRA brain images	40,000
Expense/Equipment/Travel/Supplies/Other	Laboratory supplies	5,000
Consultants/Contracted Services/Study	Consultant for statistical analysis	5,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Magnetic Resonance Angiography Blood sample: supplies, storage and processing.	200,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	250,000

12. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

To identify the true prevalence of intracranial aneurysms among first degree relatives of patients affected by this disease and study their genetic and biomarker profiles at the State of Florida.

b. What activities and services will be provided to meet the intended purpose of these funds?

Patients diagnosed with intracranial aneurysms will be inquired regarding their interest in recruiting first-degree relatives (siblings, children, and parents) for screening with Magnetic Resonance Angiography without contrast (MRA). Relatives enrolled for screening will also be requested to consent to the collection of blood samples.

c. What direct services will be provided to citizens by the appropriation project?

This study can lead to a publication that can change the screening process we currently have for aneurysms and if specific genetic profiles and/or protein biomarkers show-up as promising candidates for early diagnosis, this will revolutionize the way we approach this disease.

d. Who is the target population served by this project? How many individuals are expected to be served?

Target population would be first degree relatives of patients who had intracranial aneurysms. In the State of Florida, the outcomes of this study will have a potential to serve 500 subjects.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Potential immediate benefits include diagnosis of intracranial aneurysms and proper referral to qualified personnel to manage lesions that should be treated. This study's future benefit would be the development of a blood test to increase access to screening for the population, preventing aneurysm rupture and decreasing the morbidity and economic burden associated with subarachnoid hemorrhage.



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f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties
for failing to meet deliverables or performance measures provided for the contract?

This is not applicable for this	project, as we control th	e subject enrollment and	protocol processing
THIS IS HOL APPRICABLE FOR THIS	project, as we control to	e subject emoninem and	protocor processing.

13.	The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the
	relationship between the owners of the facility and the entity.

N/A		
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14. R	14. Requestor Contact Information								
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b	. Organization	Baptist Neurological Institute - Lyerly Neurosurgery							
C	. E-mail Address	rhanel@l	rhanel@lyerlyneuro.com						
d	. Phone Number	(904)861	(904)861-0315 Ext .						
15. R	15. Recipient Contact Information								
a	. Organization	Baptist N	eurological Institu	ute					
b	b. Municipality and County Duval								
C.	Organization Ty	ре							
	□For Profit Entity	ofit Entity							
	☑Non Profit 501(c	ofit 501(c)(3)							
	□Non Profit 501(c)(4)								
	□Local Entity								
	□University or Co	llege							
	□Other (please specify)								
d	. First Name	Nancy		Last Name	Ebreo				
e	. E-mail Address	Nancy.Ebreo@bmcjax.com							
f.	Phone Number	(904)202-7063							
16. Lobbyist Contact Information									
a	. Name	None							
b	. Firm Name	None							
C	. E-mail Address								
d	. Phone Number								