

Proposal form

1. Principal Investigator

Name	Click or tap here to enter text.
Family Name	Click or tap here to enter text.
E-Mail	Click or tap here to enter text.
Phone number	Click or tap here to enter text.
Institution	Click or tap here to enter text.
Address Line 1	Click or tap here to enter text.
Address Line 2	Click or tap here to enter text.
City	Click or tap here to enter text.
Postal Code	Click or tap here to enter text.
Country	Click or tap here to enter text.

Please add CV of principal investigator

2. Project Title

Click or tap here to enter text.

3. Study Type

Choose an item.

4. Background

Click or tap here to enter text.

5. Objectives and Scope

Click or tap here to enter text.

6. Research plan and Methods

Click or tap here to enter text.

7. Timeline, Milestones and Deliverables

Click or tap here to enter text.

8. Team members and Affiliation

Click or tap here to enter text.

9. Budget

1.1. *In-kind support* (Oncomine product name / SKU / Amount / Cost)

Click or tap here to enter text.

1.2. *Financial support* (Description / Cost)

Click or tap here to enter text.

Will you receive funding from other sources?

Yes No

If yes, please specify

Click or tap here to enter text.

10. References

Click or tap here to enter text.

By signing this proposal, I acknowledge that, as Principal Investigator, I am responsible to obtain all ethical approvals' and authorizations from the Institutions involved in the study to develop the project.

Signature:

Click or tap here to enter text.

Date: Click or tap to enter a date.

Please submit form and supporting documentation at Oncomine Clinical Research Grant portal or send to medical.affairs@thermofisher.com.