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

1. **Project Title**

Click or tap here to enter text.

1. **Study Type**

Choose an item.

1. **Background**

Click or tap here to enter text.

1. **Objectives and Scope**

Click or tap here to enter text.

1. **Research plan and Methods**

Click or tap here to enter text.

1. **Timeline, Milestones and Deliverables**

Click or tap here to enter text.

1. **Team members and Affiliation**

Click or tap here to enter text.

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

Click or tap here to enter text.

* 1. ***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.

1. **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](mailto:medical.affairs@thermofisher.com).