Clinical Research Project Proposal Form – General Use

Date:

Submitted by:

Project title:

Primary investigator (contact person):

Principal investigator:

Secondary investigators:

Background (maximum of 200 words; how will the results potentially add to the already published body of work on this topic? provide up to 3 references):

- *Please fill out when professional services are required*

Study aim (1-2 sentences):

- *Please fill out when professional services are required*

Study design:

- *Please fill out when professional services are required*

Clinical Research Project Proposal Form

Will you need departmental clinical research lab support to complete this study? (histology, immunohistochemistry, tissue microarray construction, etc.) If so, please answer below and provide estimated number for each:

☐ Tissue processing (number of specimens/blocks)

☐ Tissue embedding (number of specimens/ blocks)

☐ Cutting unstained slides (number of blocks; slides per block)

☐ Preparation of H&E slides (number of blocks; slides per block)

☐ Immunohistochemical staining (antibodies: name, # cases, # slides per case)

☐ Tissue microarray construction (number of cases)

☐ Other, please specify: _____

Is there a deadline to meet? If so, when and why.

Have all primary and principal investigators reviewed and approved this proposal?

If this study includes Human Tissue, has it been reviewed and approved by the IRB Committee?