**Center for Immuno-Oncology/ Tissue Biomarker Laboratory**

08

**Fall**

**Instructions on how to fill out the Project Proposal Form**

Please fill out the following fields:

* Title of your study
* PI name and affiliation
* A short summary of the study aim

Please email this form to Evisa\_Gjini@dfci.harvard.edu

Proposal Summary Form

Center for Immune Oncology – DFCI

|  |  |  |
| --- | --- | --- |
| **Project Title** | **Researcher’s name(s)** | **Institutions** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Reagents** | **Estimated time line for completion** | **Estimated budget** |
|  |  |  |

**Proposed studies**

***1. Aim:***

***2. Experiments to be conducted:***

**Data reporting Requirements**

**Time line**

**Budget**

|  |  |
| --- | --- |
| **A. Reagents**  |  |
|  |  |
|  |  |
| **B. Imaging Services Contract** |  |
|  |  |
|  |  |
| **C. Personnel** |  |
|  |  |
|  |  |
|  |  |
| **D. Total direct costs** |  |
| **E. Indirect costs** |  |
|  |  |
|  |  |
| **Total Budget** |  |

**Payment Agreement**

**Scott Rodig, MD, PhD Example name of Collaborator**

**----------------------------- ----------------------------------------------**

 **Signature Signature**

**Date: Date:**