



Project Proposal Form

Investigator Contact information:

Name: _____

Institution: _____

Phone #: _____

E-mail: _____

Other study team members: _____

Project title: _____

Project description:

Please attach a short (2-3) page summary of the study you are interested in conducting including the scientific question to be answered, the method for the study, information about the study subjects, whether have already begun gathering the samples yet, and if your study requires a control group or not.

If you know which technology platform you wish to use, please indicate that here:

Do you have or have you applied for any funding for this study:

Has ethics approval been sought or obtained for this study:

What assistance would you like from the BC Clinical Genomics Network:

If you have any questions, please contact:

Shelin Adam
Network Coordinator
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