



ECTRL Request # _____
 Confirmation Date: _____

ECTRL Project Planning Form

Emory Clinical Translational Research Laboratory Emory University Woodruff Memorial Research Building 101 Woodruff Circle, Rooms 2331/2333 Atlanta, GA 30322 Phone: (404) 712-7178 or (404) 686-1913 Fax: (404) 712-1771	Ross J. Molinaro, MT(ASCP), PhD, DABCC rjmolin@emory.edu James C. Ritchie, PhD jritchi@emory.edu
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******* USE THIS FORM TO INITIATE A NEW PROJECT *******

PLEASE PRINT LEGIBLY -

PI Name: _____ Date: _____
 Institution: _____ Phone: _____
 Address _____ Email: _____

 City, State, Zip _____
 If Emory,
 PI Dept: _____ Dept #: _____

Primary Contact Information: Same as above

Name: _____ Email: _____
 Phone: _____ Fax: _____

Project Information - Same as above

Project / Grant Title: _____
 On File
 IRB Protocol Submitted: Yes No N/A EPEX Submitted (Emory): Yes No N/A
 Funding Agency: Federal Non-Federal Industry sponsored Other _____

Brief Description of Study –

Include Results Intention (clinical trial, method validation, publication, grant application, abstract, etc). Attach additional page if necessary.

Projected number of specimens requested/to be analyzed: _____

FAX COMPLETED FORM TO: 404 712-1771

Disclaimer: Submission of this form does not obligate either party to performing the proposed studies.