

# NIH/NIBIB National Biotechnology Resource CBM<sup>2</sup> for Precision Medicine



CBM<sup>2</sup> serves the biomedical community in a number of capacities including the opportunity to collaborate with potential investigators, service-related work through our partner user facilities, workshop participation, or entrepreneurial activities.

PROJECT TITLE \_\_\_\_\_ SUBMITTAL DATE \_\_\_\_\_ PROPOSED START DATE \_\_\_\_\_ PROJECT CODE, assigned post approval \_\_\_\_\_

## GENERAL INFORMATION

PLEASE CHECK ALL TYPES OF INTERACTION YOU ANTICIPATE HAVING WITH US

### COLLABORATION

FABRICATION

CLINICAL

### SERVICE

FABRICATION

CLINICAL

### WORKSHOP

FLUIDICS

CLINICAL

### COMMERCIAL

WORKSHOP

NETWORKING

### INVESTIGATOR

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INSTITUTION / DEPARTMENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### CO-INVESTIGATORS

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INSTITUTION / DEPARTMENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### CO-INVESTIGATORS

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INSTITUTION / DEPARTMENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### CBM<sup>2</sup> CONTACT

NAME \_\_\_\_\_ NAME \_\_\_\_\_

## PROJECT FUNDING

### KU/KUMC/UNC/LSU

GRANT# / AGENCY \_\_\_\_\_ BILLING CONTACT \_\_\_\_\_  
 EMAIL \_\_\_\_\_ DATA USED FOR NEW PROPOSAL SUBMISSION

### OTHERS

GRANT# / AGENCY \_\_\_\_\_ BILLING CONTACT \_\_\_\_\_  
 EMAIL \_\_\_\_\_ DATA USED FOR NEW PROPOSAL SUBMISSION

## PROJECT DESCRIPTION

PROJECT ABSTRACT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### RELEVANT PUBLICATIONS

### LIQUID BIOPSY

### SAMPLE TYPES

PLASMA   
 BLOOD   
 SALIVA   
 URINE

### TISSUE SAMPLES

### DISAEASE TYPE

### EQUIPMENT NEEDS