

# Research Project Application

(PLEASE TYPE)



Date: \_\_\_\_\_

Project Number (To Be Assigned)
---------------------------------

Project Title: \_\_\_\_\_

Research Applicant Name: \_\_\_\_\_

Title / Degree: \_\_\_\_\_

Department: \_\_\_\_\_

Institution / Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Supervisor Name: \_\_\_\_\_

Does the proposed research or a related project have existing funding support? If so, please provide the name of the sponsor (e.g., NIH, etc.) and grant number. Please also provide the names, addresses, titles, and affiliations of all personnel involved with the project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your proposed experiment in a one-page summary and attached it with this application and the Curriculum Vitae of the Research Applicant Supervisor.

What type of analytic support are you requesting? (image segmentation, integrative analysis, phantoms, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Computing Resources you will need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed start and end dates: \_\_\_\_\_

## AGREEMENT

We as representatives of \_\_\_\_\_  
Company or Institution

have read the **CQIBA Description and related intellectual property** and agree to all the conditions for use of the facilities. We further agree to waive all claims for personal injury, property damage or of any other nature resulting from work performed at the **CQIBA**.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Authorized Administrative Officer

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date