MU School of Medicine Funding Opportunity in Precision Medicine and Translational Research

Title

Title

email address

email address

Title of Application:

Investigators*

Department

Department

Co-Investigator

PΙ

Co-Investigator	Title
Department	email address
Co-Investigator	Title
Department	email address
*If there is more than one PI, list the contact PI above and provide added as page 2 of the application. If you have more than 3 co-in co-investigator on the added page 2.	e the requested information for the other PI(s) on a blank page, vestigators, provide the requested information for each additional
This study involves: Human Subjects Vertebrate Animals Radioactive materials, biological hazards, or toxins? PI Attestation:	Y N Y N Y N
If this proposal is funded, our research team will have the facilities personnel, and resources necessary to complete the project within period of funding List up to 5 MU faculty members who are qualified to review your	n the 2-year Y N
Name	College/Department
Note: Do not list members of your own department, as they will not be asked to review your proposal. List MU faculty members who should not review your proposal because of a conflict of interest.	
Name	Nature of Conflict
*Note: Do not list members of your own department, as the second	at he asked to review your proper!
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