

# STUDY PROPOSAL APPLICATION

NIH Center for Human Immunology, Inflammation and Autoimmunity

National Institute of Allergy and Infectious Disease

James M. Cherry, Ph.D., Chief of Operations | Iyadh Douagi Ph.D., Scientific Director



PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR

LAST NAME	FIRST NAME	
POSITION TITLE	IC/AFFILIATION (abbrev.)	BRANCH/SUBDIVISION
TELEPHONE (Area code, number and extension)	E-MAIL	

TITLE OF PROJECT (Format: Year-IC-PI Last Name)

	Consider as a pilot project. Please see CHI website for details regarding pilot projects.	YES	NO
--	---	-----	----

SUMMARY OF PROPOSAL AND SIGNIFICANCE (2,000 character limit, approx. 300 words)

Character Remaining:

ESTIMATE

Please estimate the cost of reagents based on your sample numbers and desired assays.  
Estimated reagent cost per sample is found on the CHI Website.

COST ESTIMATE:

SUBMIT with additional attachments

Submit this cover page along with the remaining required information to the [CHI Project Submission System](#).  
Additional information can be found on the [CHI Website](#) under "How to Submit Your Application".