PROTON RESEARCH PROJECT APPLICATION		Date Approved: Project ID: To be completed by Proton Staff		1. Form Submission Date:	
Please email completed form to <u>ProtonResearch@cchmc.org</u> .					
1a. Principal Investigator:		1b. Position Title:			
1c. Affiliation: CCHMC UC Other If other, please specify:		1d. Department or Division:			
1e. Phone Number and Email Address:		1f. New Proton Inve	ton Investigator: Yes No		
2. Collaborator(s):		2a. Position Title:			
2b. Affiliation: CCHMC UC Other If other, please specify:		2c. Department or Division:			
2d. Phone Number and Email Address:		2e. New Proton Inve	estigator:	Yes	No
3. Project Title:					
3a. Project Contact (Name and Phone N	3b. Model Type: In Vivo In Vitro				
3c. If In Vivo, IACUC protocol number and PI		3d. If In Vivo, IACUC protocol approval date:			
4. Proton Radiation Type:		4a. Estimated Irradiation Hours/Days Needed:			
4b. Planned Project Start Date:		4c. Planned Project End Date:			
4d. Is this project a continuation of prior research completed at the Proton Center? Yes No					
4e. If yes, please describe key findings and outcomes (publications, grant applications, etc.) that resulted from the prior research.					
4f. Will the data from this project be used for a grant application, publication, or abstract? Yes No					
4g. If yes, please elaborate:					
5. Is this project funded?	f funding: 5b. If funded, funding agency:				
Yes No		ternal			
6. On the next page, please give a succinct and accurate description of the Rationale and Objectives of the project.					
What are the key questions and how would you address them using proton radiation experiments?					
This section should be similar to the <u>Project Summary/Abstract form of an NIH/R01 application</u> . It should be informative to other persons working in the same or related fields and understandable to a scientifically literate reader. Include the project's broad,					
long-term objectives and specific aims, and a description of the research design and methods.					