## **Department of Neurology Research Proposal**

## I. ADMINISTRATIVE:

Study Principal Investigator: Room: Study PI Phone #: Study PI Fax: Study PI e-mail address: Name(s) of collaborating PIs Collaborating PIs Departments: Additional Contact:  Target of Future Sponsorship/Funding  Commercially-sponsored study (i.e. pharmaceutical, industry) Cooperative Group study (other than, NIH, VA, NCI, NSF) CCTS Pilot Governmental investigator initiated clinical trial (i.e. NIH, VA, NCI, NSF, etc.)  Investigational drug/device involved Is an investigational drug or device, or a therapeutic approach involved that is not FDA approved? Yes No If yes, provide IND/IDE number and sponsor; or documentation of FDA exemption from requirement to file IND IND/IDE#: Sponsor Name:  Laboratory, Building/Room: KNI Clinic CCTS Other:  Committee Approvals  N/A Pending Approved Date (mm/dd/yyyy) IRB IACUC Indemnification	Title:					
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## II. SCIENCE

l.	Study Background: (Include rationale, hypotheses aims, and why the study is critical to support an application for extramural funding (No longer than 1-page))

II.	Study design: (No longer than 1-page):

iii. Budget Justification:

Attach budget worksheet