**PROJECT REQUEST FORM**

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| 1. | Title of The Study | |
| 2. | International Collaboration | Yes/No |
|  | If Yes, Name of collaborating Principal Investigator and University/ Institution |  |
| 3. | Name of applicant Principal Investigator |  |
| Designation & Department |
| Official Address |  |
| Phone |  |
| E-Mail |  |
| 4. | Name, Designation, Official Address, Phone, Mail Id Of Co-Investigator: | |
| 5. | Details Of Site Of Data Collection (Hospital /  Community / Laboratory / Other Institutions) |  |
| 6. | Type Of Study: Observational / Interventional |  |
| 7. | Duration Of Data Collection: |  |
| 8 | Whether The Study Is Multi-Centric?  If Yes, Mention The Details Of Primary Study Centre,  Details Of Principal Investigator |  |

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| **Title of the study** |
| Introduction/ Background: |
| Rationale for the study |
| Objectives |
| Method |
| Imaging data to be acquired |
| Types of patient to be Screened |
| Expected outcome of imaging analysis |
| Explain in 150 words how the expected outcomes align with the CINHAR Objective |