



AMR Diagnostic Challenge Letter of Intent

Principal Investiga	tor:	
ERIC A.		WAShington MHA, MSN, FNP
First Name		Last Name
Affiliation:		
NONE		
Phone Number:	CEIL: (219)765-5790	home: (219)886-0819
Email Address:	EATCANdy PIE @ SBCGlobal, NET	
Please provide the	e name and affiliation of all key pe	ersonnel:
NONE		
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Took no logy to bo	utilized and expertise required to	generate a thorough review (5 key word fields):
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To upload your completed form to Challenge.gov:

- 1. Save completed form to your desktop.
- 2. On challenge.gov, click "Submit Solution" on left menu bar.
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