



## AMR Diagnostic Challenge Letter of Intent

**Principal Investigator:**

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

**Affiliation:**

**Phone Number:**

**Email Address:**

**Please provide the name and affiliation of all key personnel:**

**Technology to be utilized and expertise required to generate a thorough review (5 key word fields):**

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.
3. Click **“Upload File”** and, in the description box, please write Letter of Intent.
4. Do NOT un-check or change the box that says, **“Hide the contents of my submission from all others on Challenge.gov”**
5. Check the box that says **“I accept the challenge terms...”**
6. To complete upload, click **“Submit Solution”** at the bottom of the page.