



PennCHOP

MICROBIOME PROGRAM

THE CHOP MICROBIOME CENTER SEQUENCING AND ANALYTICAL CORE SERVICE

INFORMATION FOR INITIAL CONTACT

Please complete this questionnaire to provide us with some initial information about your research project. Return the signed form to Erlichman@email.chop.edu

1. Investigator information

Name

Title

Institution

Department

Address

Telephone

Facsimile

Email

2. Is this a fee-for-service request or proposal for collaboration?

Fee-for-service

Collaborative

Unknown

3. Are you interested in consultation only (i.e. pre-project planning)

Yes

No

4. Is the project IRB approved?

Yes

No

If yes, please furnish a copy of your IRB approval.

5. Are you a junior investigator?

Yes

No

6. If this project is the subject of a NIH grant application, at what stage is the grant submission?

7. Is this study the topic of a PENN-CHOP Microbiome Program funded pilot award?

Yes

No

8. Please provide a brief description of the research to be performed. Include the following information where applicable: what is the hypothesis, what are the samples, what is the requested analysis, and what are the goals of the project?

PI Signature
Printed Name
Date