**GSPMC Research Request Form**

**Investigator Information**

|  |  |
| --- | --- |
| Request Date: |  |
| Name of Primary Researcher: |  |
| Primary Researcher Department/Division: |  |
| Primary Researcher Phone #: |  |
| Primary Researcher Email: |  |
| Additional Researchers on the Project: |  |

**Project Information**

|  |  |
| --- | --- |
| Project Name: |  |
| Hypothesis / Project Description: |  |
| Will this project be associated with an IRB? | If so, can you share a copy? |
| If project is part of a grant, can you share the type of grant and submission timing? |  |
| Sequencing services requested: | Choose an item. | Other (Please Specify): |
| Additional sequencing services requested (if needed): | Choose an item. | Other (Please Specify): |
| Anticipated bioinformatic needs / deliverables: |  |

**Sample Information**

|  |  |  |
| --- | --- | --- |
| Sample Species: | Choose an item. | Other (Please Specify): |
| Sample Type(s): | Choose an item. | Fresh/Frozen Tissue Type: | Other (Please Specify): |
| Will you need DNA/RNA extracted? |  |
| Would you like GSPMC to prepare libraries? |  |
| # of Samples for the entire study: |  |
| Means of sample collection(s)/ Delivery: |  |
| Will you want samples returned? |  |