

Project ID: \_\_\_\_\_



## GCC Center for Comprehensive PK/PD & Formulation (CCPF)

Initial Project Application Form	
PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution:	
Department:	
Telephone:	Email:
Biosketch: please attached with this form	
Requesting Date:	
REQUESTOR INFORMATION <i>(if different from PI)</i>	
Requestor:	
Telephone:	Email:
PROJECT NAME	
PROJECT INFORMATION	
Project Description	

Project ID: \_\_\_\_\_



Scope of Work and Timeline	
Do you have IP rights for this product? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide your nondisclosure agreement if applicable.	
Have you filed a patent request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please provide all key patent numbers:	

Disclaimer 1: Quoted fees are best estimates for requested service. Actual cost will be determined at completion of service.

Disclaimer 2: Publication(s) and presentation(s) of data resulted from this service are required to acknowledge CPRIT grant (RP180748) and CCPF investigators.

Disclaimer 3: CCPF investigators may apply patents of new formulation resulting from this service.

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Project ID:	
Received by:	Date Received:
Service Start Date:	Service End Date:
Estimated Cost:	Actual Cost: