



UNIVERSITY OF
NEBRASKA
MEDICAL CENTER

HUMAN GENETICS LABORATORY

MUNROE-MEYER INSTITUTE FOR GENETICS AND REHABILITATION

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CAP Accredited/CLIA# 28DO454363
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RESEARCH PROJECT PROPOSAL FORM

PRIOR TO INITIATION OF PROJECT, submit completed form to:

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Date:	
Primary Investigator:	
Contact Phone:	Contact Email:
Title of Project:	
Collaborators:	
Target Start Date:	Target Completion Date:
Methodology:	
Data Presentation Opportunities:	
Publication Target (Journal):	
Tentative Authorship Order:	
Source of Specimens:	
Source & Amount of Funding to Support Project:	
Other:	