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| Investigator Sponsored Research Support Proposal | |
| Primary Investigator Information | |
| Name: Click or tap here to enter text. | |
| Institution:Click or tap here to enter text. | |
| Email:Click or tap here to enter text. | |
| Phone Number:Click or tap here to enter text. | |
| Address:Click or tap here to enter text. | |
| Date of Submission: Click or tap to enter a date. | |
| Study Information | |
| Study Title: Click or tap here to enter text. | |
| Study Sponsor(s) Outside of Illumina:Click or tap here to enter text. | |
| Scientific Background/ Rationale and Study Aims | |
| Background Rationale:Click or tap here to enter text. | |
| Study Aims:Click or tap here to enter text. | |
| Project Description and Study Design | |
| Study design (please complete checkboxes as appropriate and add a description of the study design):  Prospective sample collection  Retrospective sample collection  Implementation study  Head-to-head study  Proof of concept  Proof of principle  Biomarker discovery  Click or tap here to enter text. | |
| Study Population (Inclusion/Exclusion Criteria): Click or tap here to enter text. | |
| Sample type(s): Click or tap here to enter text. | |
| Number of samples: Click or tap here to enter text. | |
| Test and Data Analysis Sites: Click or tap here to enter text. | |
| Genetic analysis methodologies: Click or tap here to enter text. | |
| Will results be reported to patients?  Yes  No | |
| Statistical plan: Click or tap here to enter text. | |
| Technology | |
| Check appropriate technology below, and provide any addition details:  Click or tap here to enter text. | |
| Reproductive Health:  VeriSeq NIPT Solution v2.0  Other (specify) Click or tap here to enter text. | Oncology:  TruSight Oncology 500 ctDNA  TruSight Oncology 500  WGS/WTS  Other (specify) Click or tap here to enter text. |
| Infections Disease:  COVIDSeq  Other (specify) Click or tap here to enter text. | Genetic Health:  WGS  WES  WTS  Other (specify) Click or tap here to enter text. |
| Study Aims | |
| Milestones, and any key dates or dependencies for study activation/completion:Click or tap here to enter text. | |
| Endpoints:Click or tap here to enter text. | |
| Deliverables:Click or tap here to enter text.  Conference abstract  Scientific publication  Tool development  Test implementation | |
| Study Timeframe | |
| Estimated study start date:Click or tap to enter a date. | Total Estimated timeline (in months):Click or tap here to enter text. |
| Study Support | |
| Total Study Budget Estimate:Click or tap here to enter text. | |
| **Please attach a copy of the itemized budget to this application.** | |
| Support Requested from Illumina (select all that apply):  Financial, include amountClick or tap here to enter text.  Instrument Loaner, specify instrumentClick or tap here to enter text.  Reagents, specify type and quantityClick or tap here to enter text.  In-house testing supportClick or tap here to enter text.  Bioinformatics support Click or tap here to enter text.  Other, please specify Click or tap here to enter text. | |
| Materials and Support Provided by the PI:  Click or tap here to enter text. | |
| Data Ownership Plan:  Data will not be shared with Illumina  Summary data will be shared with Illumina  De-identified full study data will be shared with Illumina  Click or tap here to enter text. | |

Completed forms should be sent via email to [iResearch@illumina.com](mailto:iResearch@illumina.com) along with:

* Investigator CV
* Study protocol
* Copy of IRB (if applicable)
* Itemized budget
* Any other supporting documents that will aid in the review process

Failure to include all required information may result in delays and support being declined.