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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 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.