



Application for Harvard Catalyst Clinical Research Center Laboratory Support

Investigator Name: _____ Degrees: _____
 Home Institution: _____
 Department/Division: _____
 Faculty Rank: _____ If Other: _____
 NIH eRA Commons Username: _____
 E-Mail Address: _____ Phone #: _____
 IRB that has approved this study: _____
 IRB #: _____
 PI of Study (if not the same): _____

FUNDING SOURCE:

- NIH** PI Name: _____ Institute: _____ Grant #: _____

- Other Federal** PI Name: _____ Agency: _____ Grant #: _____
 Grant Title: _____ Total Cost: _____ Total Annual Cost: _____

- Foundation** PI Name: _____ Organization Name: _____ Grant #: _____

- Other** PI Name: _____ Organization Name: _____ Grant #: _____

- Industry** PI Name _____ Company Name: _____ Agreement #: _____

- Institutional/Department Funded**

- Harvard Catalyst Pilot Grant**

- Harvard Catalyst Training Grant**

- No Funding**

Study Title: _____
 Is this study a clinical trial? _____
 Is this a Pilot Study? _____
 Is this a Multi-Center Study? _____
 Does this study involve HIV/AIDS? _____
 Does this study involve Pediatrics? _____
 Co-Op or Rare Disease Network? _____
 Age Range of Participants enrolled: From: _____ To: _____

Please complete the Budget Request Form to accompany your application. If you have more than six lines, please attached another sheet.

Test Name	#Samples	Location	Cost per Sample	Total Cost
eg. Insulin	10	HCCL	\$5.00	\$50.00

|

Total:

For HCCL, tests and prices may be found here:

<http://www.brighamandwomens.org/research/resources/hccl/AssayInformation.aspx>

For LabCorp, tests can be found here: <https://www.labcorp.com/wps/portal/provider/testmenu>

For LabCorp prices, please contact your HCCRC Administrative Director.

Genotyping services:

Please contact appropriate laboratory listed below for information on services and pricing. Each investigator must use their institution's laboratory facility for genotyping.

-- Beth Israel Deaconess Medical Center: <http://www.bidmcgenomics.org/?q=node/1>

-- Children's Hospital Boston:

http://childrenshospital.org/cfapps/research/data_admin/Site2281/mainpageS2281P0.html

-- Partner's Health Care (may be utilized by BWH and MGH investigators): <http://pcpgm.partners.org/>

Scientific Abstract (250 words or less)

Scientific Rationale for performing these tests (250 words or less):

Please explain why other available funds can not be used to support this activity:

Required Attachments:
IRB Approval Letter
NIH Biosketch w/ Other Support