Research Request

Please complete this form to outline your research proposal.

This completed form will be attached as a Statement of Work (SOW) to a Material Transfer Agreement (MTA) – so please provide as much detail to the SOW as possible.

Once completed, please submit the SOW to the following email:

[FLafleur@dracenpharma.com](mailto:FLafleur@dracenpharma.com)

For expediency, please also attach your institution’s MTA template, if possible.

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| **Investigator Information**   |  |  | | --- | --- | | **Name/Surname (Principal Investigator)** |  | | **Title** |  | | **Department** |  | | **Name of Institution/Company** |  | | **Address** |  | | **City, State, Zip Code** |  | | **Phone** |  | | **Email:** |  | |
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| **RESEARCH PROPOSAL** |

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| **Research Proposal Description** |  |
| **Intro/Background** |  |
| **Hypothesis/Objectives** |  |
| **Methodology (including Assays/models)** |  |
| **Timelines for starting/completing SOW** |  |
| **Publication Plan Timeline (Congress, Journal, etc) if applicable** |  |
| **Prior Research Studies/publications (if applicable)** |  |
| **Drug Name / Quantity requested / Quantity justification** |  |
| **Drug Shipment Recipient and Address (if different from above)** |  |