**IUSM / IBRI ANTIBODY SCREENING PILOT PROGRAM 2019**

USE “TAB” TO MOVE FROM ONE AREA TO ANOTHER—AVOID USING “ENTER”.

**PRINCIPAL INVESTIGATOR**:

RANK / TITLE: eRA COMMONS NAME:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION:

CAMPUS ADDRESS:  EMAIL:       PHONE:

**Co-PRINCIPAL INVESTIGATOR**:

RANK / TITLE: eRA COMMONS NAME:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION:

CAMPUS ADDRESS:  EMAIL:       PHONE:

TITLE OF PROPOSAL:

REQUIRED SIGNATURES: “The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application.”

**APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Principal Investigator/Program Director (Last, first, middle):

RESEARCH PLAN (Not to exceed 2 pages. Follow RFA directions):

OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**