**Pro-Forma for submission of Research Project Proposals**

**within the OCCAMS group**

**Project title:**

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**Acronym (if applicable):**

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**Principle investigator (please indicate phone number and email address):**

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**Other investigators (please indicate phone number and email address):**

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**Institutions:**

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**Contracts department contact:** (please indicate phone number and email address)

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**Project summary:**

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**Clinical data required and purpose:** (please specify items required and if applicable, the stage of the patient pathway for each item)

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**Type of sample required from OCCAMS sample collection:** (if actual samples are required)

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**Number of cases with samples collected for OCCAMS from your centre:**

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**Number of samples required:** (if actual samples are required, please specify the no of patients and the no of samples per patient)

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**Genomic data required:**

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**Number of cases for which genomic data required:**

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**Number of samples for which genomic data required:**

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**Sample type:**

**OAC** [ ]

**Barrett’s** [ ]

**Normal** [ ]

**Sequencing strategy:**

**WGS** [ ]

**RNAseq** [ ]

**Methyl array** [ ]

**Sequencing reads (RNAseq only):**

**FASTQ** [ ]

**BAM** [ ]

**Analysis:**

**SNV** [ ]

**CNA** [ ]

**SV** [ ]

**RPKM** [ ]

**Publication covering data required:** (if applicable)

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**Analysis plan:**

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**Funding available to support this work:**

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**Authorship/ IP agreement:**

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**Time lines for analysis and publication:**

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