THE PENN MICROBIOME PROGRAM
HUMAN INTERVENTION CORE

INFORMATION FOR INITIAL CONTACT
Please complete this questionnaire to provide us with some initial information about your research project. Return the signed form to nessel@pennmedicine.upenn.edu and uroy@pennmedicine.upenn.edu

1. Investigator information
Name
Title
Institution
Department
Address
Telephone
Email

2. Is this a fee-for-service request or proposal for collaboration?
Fee-for-service ☐ Collaborative ☐ Unknown ☐

3. Are you interested in consultation only (i.e. pre-project planning)
Yes ☐ No ☐

4. Is the project IRB approved?
Yes ☐ No ☐

5. Are you a junior investigator?
Yes ☐ No ☐

6. If this project is the subject of a grant application, at what stage is the grant submission?

7. Is this study the topic of a PENN-CHOP Microbiome Program funded pilot award?
Yes ☐ No ☐
8. Please provide a brief description of the research to be performed. Include the following information where applicable: what are the specific aims, what is the hypothesis, who are the participants, what is the sample size, and what are the goals of the project?