## THE MANTON CENTER for Orphan Disease Research





## **Gene Discovery Core (GDC) Request Funding Support**

Are you requesting funds for		Sample collected through GDC protocol (Also complete "Materia Project already receiving funds through The Manton Center	al Transfer" form)
Last Name		First Name	M
Title of Project:			
What type of analysis will be p	performe	ed?	
Name of core lab or other faci	lity that	will perform the analysis	
How many samples are you pl	anning c	on analyzing?	
Cost per sample		Total cost for project	
Other sources of support for t	his proje	ect (granting agency/ amount)	
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Please briefly describe the analysis you are requesting funding for and the <u>scientific rationale</u> for applying this approach to the samples covered by this proposal. Include a timeline and plans for any required follow-up analysis, including any special bioinformatic studies not provided by the core laboratory. Please also include justification for how this proposal relates to The Manton Center mission.

Reviewer's	Notes:	Reviewer's Initials
<b>.</b>		
Status:	<ul><li>Accepted with funding terms</li><li>Reason for Rejection</li><li>Transfer Complete Date</li></ul>	Accepted with modified funding terms Terms: