

Letter of Intent (LOI)

Date of 1 st Submission	Investigator name and Title:	Institution
Study title:		

Study description:

Study objectives	Study type	Number of patients	Expected time for study completion:
Primary: Secondary: Exploratory:	(Clinical/preclinical/translational, etc)		(From time of activation)

Support requested:

Preliminary budget:

Drug requested/quantities:

Cost per patient:

Statistical plan:

Other institutions/collaborators? (please list if applicable):