



## RESEARCH PROJECT PROPOSAL

*This form and any accompanying documents should be submitted electronically to:  
aurora.researchproposals@bigagainstbc.org*

**PROJECT TITLE:**

**PROPOSAL SUBMISSION DATE:**

**CONTACT DETAILS (Principal Investigator):**

<b>NAME :</b>		
<b>Institute:</b>		
<b>E-MAIL:</b>		
<b>PARTICIPATING IN AURORA?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	If "YES", please clarify role (e.g. Principal Investigator)

**CONTACT DETAILS (for key collaborators and labs):**

*Please copy the contact details section for key collaborators (or labs) who will be involved in important parts of the research proposal. This could include, if appropriate, molecular data generation, pathology, bioinformatics, statistics, etc.*

<b>NAME :</b>	
<b>Institute:</b>	
<b>TEL:</b>	
<b>E-MAIL:</b>	
<b>Role in the proposed research:</b>	

**1 – PRELIMINARY INFORMATION**

<b>Does the proposal require the use of the clinical data collected during AURORA?</b>	
Yes <input type="checkbox"/>  No <input type="checkbox"/>	If "Yes", specify: - only baseline/patient characteristics - treatment data - outcome data - other data (please specify):

<b>Does the proposal require the use of the molecular data collected during AURORA?</b>	
Yes <input type="checkbox"/>  No <input type="checkbox"/>	If "Yes", specify:  <input type="checkbox"/> TGS (mutation/CNV) <input type="checkbox"/> Oncoscan CNV <input type="checkbox"/> RNA sequencing  <input type="checkbox"/> all genes <input type="checkbox"/> selected genes: ..... <input type="checkbox"/> other

	<input type="checkbox"/> all available patients <input type="checkbox"/> selected patients:.....
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<b>Do you envisage collaboration with any BIG member and/or other study partners?</b>	
Yes <input type="checkbox"/>	If « Yes », specify:
No <input type="checkbox"/>	

**2 – PROJECT DESCRIPTION**

**RESEARCH QUESTION(S):**

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**ABSTRACT OF RESEARCH PLAN (including BACKGROUND & OBJECTIVES)**

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**POTENTIAL CLINICAL IMPACT:**

**EXPERIMENTAL METHODS and PRELIMINARY DATA (if applicable):**

**STATISTICAL/BIOINFORMATICS METHODS (Give details of the necessary sample size and patient population if appropriate, proposal for the statistical and bioinformatic methodology, specific software tools and libraries):**

**PROPOSED TIMELINE:**

**SOURCE of FUNDING**

**DATA OWNERSHIP**

Acknowledgement of intellectual property rights (see policy for access)