DeePath Medical Diagnostics

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New Project Request Form

CONTACT			
Name:			
Email:		Phone:	
Company:		Fax:	
Principle Investigator/Project Manager:			

PROJECT INFORMATION	
Project objective:	
Project description:	

Project type (mark all that apply):				
☐	Data management on **CytoNuage®**			
☐	Manual data analysis	.fcs files?	yes ☐	no ☐
☐	Data analysis using **Eyelis® visualization**			
☐	Panel design using **SCALPEL®** (provide markers in description)			
☐	Signaling biomarker analysis			
	Analysis platform:			
	Tissue type:			
☐	Other:			

JOB SPECIFICS			
Report Preference (select all that apply)**:**			
	☐	electronic ☐	paper
	☐	electronic and paper	
	☐	Project discussion	
	☐	Comments	

I agree to provide all content needed for the project at the time of project request submission. I understand that not doing so could result in a delayed completion date.

Name Date Title/Organization