



# DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

INDIANA UNIVERSITY  
School of Medicine

## I. General Information

1. Principal Investigator:

2. Department:

3. Phone Number:

4. Study Title

5. Study Location/Address

6. Budget Start/End Dates

7. Budget Amount Requested:

8. Percent Effort:

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## II. Study Details

1. Subject type?

2. Approval date:

3. Is this clinical  
research?

6. Agreement:

"The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application."

Signature:

Date:

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### **III. Abstract**

State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application.

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## **IV. Background and Study Aims**

Provide a summary of the background and basis for the study, as well as aims this study seeks to address.

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## **V. Key Personnel**

List the PI first, then all other key personnel in alphabetical order by last name.

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## **VI. Methods**

Describe the research plans and methods for the study.

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## **VII. Budget**

See attachment.