



Image Processing & Analysis Core

iPAC Application Form

PROJECT TITLE:

PRINCIPAL INVESTIGATOR:

Name	Title	Department	Phone	e-mail
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STUDY CONTACTS: (Principal Research Fellows, Study Coordinators, etc.)

Name	Title	Department	Phone	e-mail
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BRIEF PROJECT DESCRIPTION (Please attach separate sheets if needed. Include the following information)

Specific Aims

Background and Significance

Preliminary Results or literature review related to this project (please attach the articles).

Research Plan (in detail)

SERVICES REQUIRED

PRE-CONSULTATION/STUDY DESIGN

MODELING/SIMULATIONS

EXPERIMENT

IMAGE PROCESSING/ANALYSIS

Please give a brief description of the services required based on the selection(s) above.



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FINANCIAL SUPPORT

Scheduling priority will be given to funded studies.

Speedtype

INDUSTRY SPONSOR:

Company Name:

PI Name

Starting Date:

Ending Date:

DEPARTMENT FUNDS:

Department Name:

PI Name:

Starting Date:

Ending Date:

NIH

FUNDING

Funding Type:

Grant #:

PI Name:

Starting Date:

Ending Date:

OTHER:

(Please Specify:)

Starting Date:

Ending Date:

NONE

PI Name

PI Signature

Date

Please email the completed application to:

Mohammed Salman Shazeeb, Ph.D.

Assistant Professor

Department of Radiology

Phone: 508-856-4255

Fax: 508-856-6363

Email: Mohammed.Shazeeb@umassmed.edu
