Project Proposal

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| **Project Details** | | | |
| Project Title | *(insert project title here)* | | |
| Project contact details | *(insert name, email address and host department of lead researcher here)* | | |
| Project Summary & Scientific Rationale | *(insert the scientific rationale for the study and context in which the MDC results will be used)* | | |
| Objectives | *(insert a summary of how you are hoping to use/integrate the results from the MDC here)* | | |
| Genes of interest | *(if possible, list the specific genes and/or mutations of interest here)* | | |
| Expected timeframe | *(insert available information on restrictions on project timelines and expected start date)* | | |
| **Sample Details** | | | |
| Initial Sample Type | *(insert sample FFPE/FF tumour, blood cells, circulating free DNA)* | | |
| Sample Processing | *(insert details of how the samples will be processed e.g. disaggregated, cell sorted, free DNA extraction)* | | |
| Analyte Type | *(insert the analyte type (e.g. RNA, DNA, etc.) required for analysis here)* | | |
| Sample Number | *(insert total number of samples that will be submitted for analysis here)* | | |
| Sample Availability | *(insert details regarding the availability of samples e.g. all samples available at project initiation or over a specific timeframe e.g. during a clinical study, analyse as one batch)* | | |
| **Processing Requirements** | | | |
| **Stage** | **Summary** | **MDC** | **User** |
| Sample processing/ analyte extraction | *(if required, insert details of known requirements regarding sample processing e.g. disaggregation, cell sorting, blood spinning etc. highlighting whether this step will be carried out by the user or the MDC)* |  |  |
| Sample QA | *(if required, insert details, requirements or restrictions on sample QA metrics (e.g. lower limit of analyte), highlighting whether this step will be carried out by the user or the MDC)* |  |  |
| Library Preparation | *(if required, insert details of known requirements regarding library preparation, highlighting whether this step will be carried out by the user or the MDC)* |  |  |
| Library QA | *(if required, insert details of known requirements regarding library QA metrics (e.g. RT-PCR, library length, fragment size), highlighting whether this step will be carried out by the user or the MDC)* |  |  |
| Sequencing | *(if required, insert details of known requirements regarding sequencing sensitivity, depth or other known metrics, highlighting whether this step will be carried out by the user or the MDC)* |  |  |

**SECTION A - TO BE COMPLETED BY THE RESEARCHER**

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| **Data Analysis and Reporting Requirements** | | | | |
| Data Export *(check file types/analyse required for export)* | | | | |
| Raw (FASTQ) | BAM | Variant Call File | List of Pathogenic Variants per Sample  (*state if using MDC standard pipeline or if require pipeline development*) | Clinically Accredited Report |
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| **Long Term Storage** | |
| Storage of Data | *(all data associated with the project will be deleted 2 months after project completion. Please insert details if storage beyond this is required. If project is clinically accredited this requires NHS facilities)* |
| Storage of Samples | *(all samples and analytical intermediates will be destroyed 2 months after project completion. Please insert details if storage beyond this is required. If project is clinically accredited this requires NHS facilities)* |
| **Funding** | |
| Budget Availability | *(insert details as to the intended funding to be used e.g. existing funding or quote to be included in grant application)* |
| Source of funding | *(insert details of source of funding e.g. charity, EU, Research Council, University/General Ledger, Commercial/Industry)* |
| Invoice/finance contact | *(inset name and email address for administrator responsible for invoicing/paying for the project)* |
| Invoice Schedule | *(insert any details regarding preferred payment schedules)* |

**SECTION B - TO BE COMPLETED BY THE OMDC FACILITY**

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| **Internal Project Lead and Summary for Review** | |
| Name | *(insert name of MDC project lead)* |
| Date of Review | *(insert date of review)* |
| Schedule/Capacity | *(are there any restrictions in the MDCs ability to take on this project in terms of capacity, ie staff availability, other priority projects and if not, when could work feasibly start)* |
| Review Discussion Summary | *(insert summary of the comments from the meeting at which this project was reviewed)* |
| Decision Status | On Hold  Rejected  Approved |
| Action Points | *(list action points and responsible parties emerging form the review meeting)* |

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| **Operational Summary** | |
| **Stage** | **User** |
| Method development, validation & certification |  |
| Sample pre-processing extraction |  |
| Sample QA |  |
| Library Preparation |  |
| Library QA |  |
| Sequencing |  |
| Data analysis & Reporting |  |
| Pipeline vs pipeline development bioinformatician time |  |
| Sample & data storage |  |
| Clinical accreditation required |  |
| Expected turnaround time |  |
| **Resourcing Notes** | |
| Staffing |  |
| Equipment |  |
| Reagents/Consumables |  |
| **Cost** | |
| **Total Cost** | £ , |
| **NHS Cost** | £ , |
| **University Cost** | £ , |