**IDCRC – INITIAL CONCEPT PROPOSAL**

**Please keep to 3 pages.**

**Proposing Investigator’s name and contact details:**

**Name:**

**Institution/Organization:**

**Address:**

**Telephone:**

**Email:**

**Expert Working Group** (please select one):

[ ]  **Respiratory Diseases** [ ]  **STI’s** [ ]  **Malaria/Tropical Diseases**

[ ]  **Emerging Infections** [ ]  **Enteric Diseases**

**Study Title:**

**Study Description:**

**Background & Significance, including public health impact and fit with VTEU Mission:**

**Objectives:**

**Design** (study population, recruitment/enrollment sites, laboratory testing and statistical plan (key assays)

**Intervention:** (outline drug/product regimen (doses/duration as applicable); pharma support as appropriate; product availability issues/concerns)

**Planned Duration of Study (months):**

**(This should include time for development, implementation – detail estimated time for enrollment and f/up) thru to closure and analysis)**

**Study Location:**

**(Specify domestic/international or both, name, location and type of clinics – information is not binding)**

**Sites:** Specify locations and proposed co-investigators (even if only proposed). Outline how sites proposed uniquely fit this protocol.

[ ]  Single

[ ]  Multi

**Funding Sources and/or Collaborations External to the IDCRC if any:**

(indicate any pre-existing partnerships with academic institutions, departments of health or commercial entities/ companies)

**Estimated Costs:** Approximation of costs can be submitted and will not be binding.