No.

The Chinese National Compound Library (CNCL)

**Project Application Form**

Date：

|  |  |  |  |
| --- | --- | --- | --- |
| Project name | 　 | Funding source | 　 |
| Institution/company/organization |  |
| Address/ postcode |  |
| Principal investigator | 　 | Title/position | 　 |
| Telephone | 　 | E-mail | 　 |
| Contact person |  | Title/position |  |
| Telephone |  | E-mail |  |
| Project information (background, target-disease relationship, goals and detection method)　　　 |
| Apply for: (supply of compounds, use of equipment or facility, *etc*.)　　　　 |
| Expected experiment duration | 　 |
| Institutional approval (authorized signature from your institute/company/organization (official seal)　 Date:  |
| CNCL contact | Ms. Juan Zhang | Telephone | 086-21-51699091-159　 | E-mail | jzhang@simm.ac.cn |
| Reviewers’ comments:　 |
| 1 | 　 |
| 2 | 　 |
| 3 | 　 |
| 　 | 　 |
|  |  |
| Conclusion：Signature of CNCL Director: Date:  |
| Remarks:　　　　　　　　　 |