No.

The Chinese National Compound Library (CNCL)

**Project Application Form**

Date：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | | | | | | | |
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| 2 |  | | | | | | | | | | | | |
| 3 |  | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | |
| Conclusion：  Signature of CNCL Director:  Date: | | | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | |