

**BMI Project Development Teams Intake Form**

**Investigator Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

**Collaborators**

List Collaborators (name, role, institution):

**Project Overview**

Working project title (if applicable):

Primary research question or objective:

Brief project description:

**Anticipated BMI Support Needs**

- Idea development/ refining research question
- Specific aims development
- Feasibility assessment
- Identifying appropriate data sources
- Clinical data extraction
- EHR data access or linkage
- Bioinformatics or genomics support
- Data management or REDCap support
- AI deployment
- Use of machine learning
- Regulatory support (IRB, DUA, approvals)
- Analysis planning
- Manuscript development

Other (please describe):

**Data and Regulatory Status**

Do you currently have access to any data for this project?     Yes     No     Unsure

IRB Status:

- Not Started     Drafting     Submitted     Approved     Not Required     Unsure

DUA Status:

- Not Started     Drafting     Submitted     Approved     Not Required     Unsure

**Timeline and Additional Information**

Deadlines or time-sensitive considerations (if any):

Funding source or RFA (if applicable):

Additional information you would like BMI Core to know: