

**cMaLL Project Application Form**

Name PI / researcher……………………………………….. Date:……………………………

Title Project:…………………………………………………………………………………………………..

Sample type :………………….…….. Sample number :………………………

Metabolomics [ ]  or Lipidomics [ ]

Full [ ] , Focussed [ ] , Class specific [ ]  or Metabolite [ ] .

Project summary & aims:

Funding available [ ]  Grant code………………., samples will be available at…………………

Funding application [ ] , project will start at …………….and samples expected at………………

Please discuss the project with Albert Koulman before completing the form (Tel: (44) 7919413908 / Email: ak675@medschl.cam.ac.uk) The form will be shared with the members of cMaLL’s SAB.

[Further details](https://www.mrl.ims.cam.ac.uk/our-research/our-core-facilities/core-metabolomics-and-lipidomics-laboratory-cmall) and [T&C](https://www.mrl.ims.cam.ac.uk/sites/default/files/terms_and_conditions_for_working_with_cmall.docx)