



Date: _____

Principal Investigator Information

Principal Investigator Name: _____

Email: _____

Phone Number: _____

Faculty (eg. Faculty of Medicine): _____

**Department name (e.g. Dept of Clinical Sciences,
Lund):** _____

**Division name (e.g. Division of Clinical Oncology and
Pathology):** _____

**Name of University (if other than Lund
University):** _____

Name of Company (if Corporate): _____

Is the PI supported by ALF funding (YES/NO) _____

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