**GHIT Fund Drug Discovery Screening Platform**

**Reference Number: GHIT-RFP-Screen-2015-001**

**Contact Form**

Please fill out the following information and submit by email to [RFPResponse@ghitfund.org](mailto:RFPResponse@ghitfund.org) (please use email subject: “Potential Screening Platform 2015-001”). *Questions specific to this Screening Platform can only be answered with the submission of this information.*

|  |  |  |
| --- | --- | --- |
|  | **Partner 1** | **Partner 2** |
| Organization Name |  | Choose one PDP:  DNDi  GATB  MMV |
| Organization Type (e.g., PDP, pharma company, academic institution) |  | PDP |
| Organization Status | * Japanese * Non-Japanese | Non-Japanese |
| Name of Contact Person  *(Nominate one person from partners as a main contact point with the GHIT Fund)* | * Main Contact Point | * Main Contact Point |
| Title |  |  |
| Email Address |  |  |
| Direct Phone No. |  |  |
| Cell Phone No. |  |  |
| Fax No. | v2 bt slingsby_8 |  |
| Disease of interest  *(check all that apply)* | * Tuberculosis * Malaria * Chagas disease * Leishmaniasis | |

Please provide an approximated amount needed to fund your project.

*Insert budget in USD*

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Please describe major objectives of your screening project.

*Insert texts here*

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