**GHIT Fund Drug Discovery Screening Platform**

**Reference Number: GHIT-RFP-Screening-2017-001**

**Contact Form**

Please fill out the following information and submit by email to RFPResponse@ghitfund.org (please use email subject: “Potential Screening Platform 2017-001”). *Questions specific to this Screening Platform can only be answered with the submission of this information.*

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|  | **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. |  |  |
| Disease of interest*(check all that apply)* | * Tuberculosis
* Malaria
* Chagas disease
* Leishmaniasis
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Please provide an approximated amount needed to fund your project *[Please insert budget in Japanese Yen].*

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Please describe major objectives of your screening project.

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