MCTC External Project Partnership Proposal Form

This form is intended to facilitate a structured and efficient review of external project proposals submitted to MCTC. Proposals will be reviewed for scientific merit, alignment with MCTC strategic priorities, and feasibility. Please complete all sections and submit the form with any supporting documentation to [*admin@mctc.org*].

Date of initial proposal submission: _____

Section 1: Submitter Information

Full Name: _____

Organization/Institution: _____

Department: _____

Email Address: _____

Phone number: _____

Name Key personnel (PI, co-Investigator, mentor, collaborators, etc):_____

Section 2: Project Process Details

Title of submission: _____

Target Area in Myositis: (check all that apply)

☐ Dermatomyositis

☐ Amyopathic Dermatomyositis

☐ Polymyositis

☐ Juvenile Myositis

☐ Inclusion Body Myositis

☐ Necrotizing Autoimmune Myopathy

☐ Anti-Synthetase Syndrome

☐ Cancer associated myositis

☐ Overlap/Connective tissue disease associated Myositis

☐ Idiopathic Inflammatory Myositis-Interstitial Lung Disease (IIM-ILD)

☐ Other [Specify:_____]

Primary and secondary aims or clinical/research challenge addressed:

_____

_____

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Brief description of the proposed project:

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Brief description of the proposed methods:

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How does this project align with MCTC's mission to advance clinical trials in IIM? (e.g., advancing IIM research, fostering collaboration, promoting clinical trial readiness)?

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Expected outcomes and/or deliverables:

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Authorship and dissemination plan:

_____
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_____
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Estimated budget: _____

Estimated timeline: _____

Funding mechanism (If none, please state 'Not applicable'): _____

Type of support requested from MCTC

Please select all that apply:

☐ Endorsement or promotion of the project
☐ Dissemination to MCTC membership
☐ Assistance with recruitment or data collection
☐ Collaboration in content or manuscript development
☐ Access to MCTC resources or infrastructure
☐ Strategic or methodological input
☐ Other (please specify):

_____
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Ethics and Regulatory Considerations:

Does this project involve human subjects or patient data?

☐ Yes ☐ No

If yes, please specify the status of ethics approval:

☐ Approved ☐ Submitted ☐ Not yet submitted

IRB/ethics approval reference (if applicable): _____

Please also include support from other organizations:

Are you receiving, or do you anticipate receiving, support from other organizations for this project (e.g., logistical, technical, strategic, or in-kind support)?

☐ Yes ☐ No

If yes, please specify the organization(s) and the type of support: _____

Please list and attach supporting documents (if applicable):

Submitter declaration:

☐ I confirm that the information provided is accurate and complete. I give permission for this submission to be reviewed and evaluated by MCTC.

☐ I confirm that any/all MCTC efforts and support of the project will be appropriately credited in any presentations, manuscripts, or other similar work-product generated from this project. The specifics of this acknowledgement will be explicitly addressed between the project team and MCTC if the project is approved by MCTC.

Signature: _____ Date: _____