



## PROJECT PROPOSAL FORM

**DATE:**

SUBMITTER INFORMATION	PROPOSED PROJECT INFORMATION
<p>Name:</p> <p>Organization:</p> <p>Address:</p> <p>Telephone:</p> <p>Fax:</p> <p><b>E-mail:</b></p>	<p>Proposed Title:</p> <p>Anticipated product will be (check one):</p> <p><input type="checkbox"/> Consensus standard</p> <p><input type="checkbox"/> Consensus guideline</p> <p><input type="checkbox"/> Reference method</p> <p><input type="checkbox"/> Reference material specifications</p> <p><input type="checkbox"/> Other (please describe)</p>

**PART I:**

PROPOSED PROJECT DESCRIPTION
<ul style="list-style-type: none"> <li>• <b>Provide a rationale for the project and describe its potential impact on healthcare.</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Describe the scope in a draft introduction section for the proposed project.</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Outline the chapter headings/topics.</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Provide other important factors for consideration related to the proposed project.</b></li> </ul>

**PART II:**

**PROPOSED SUBCOMMITTEE MEMBERSHIP**

**DESCRIBE THE SPECIFIC EXPERTISE/WORK EXPERIENCE NEEDED ON THE SUBCOMMITTEE (e.g., diagnostician, clinician, IVD manufacturer, etc.)**

**Provide a list of potential subcommittee members:**

<b>Name</b>	<b>Role<sup>a</sup></b>	<b>Affiliation</b>	<b>Contact information (Address, telephone, email)</b>	<b>Contacted for availability to serve</b>
	<b>C<sup>b</sup></b>			

<sup>a</sup> Specify "M" for member nomination; "O" for observer nomination.

<sup>b</sup> Subcommittee chairholder is required for proposal to be considered.

**PART III: Area Committee Review and Recommendation**

Responsible Area Committee:

Comment on intended users, impact on health care, and priority of project.

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Area Committee Chairholder