



## Society for Pediatric Pathology

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# SOCIETY FOR PEDIATRIC PATHOLOGY RESEARCH GRANT

## Cover Sheet

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Applicant's Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Institution: [Click here to enter text.](#)

Sponsor (if applicant is not a member of the SPP): [Click here to enter text.](#)

Address for correspondence (including fax and e-mail): [Click here to enter text.](#)

Title of Project: [Click here to enter text.](#)

Are animals used in the proposed project?  Yes  No

If yes, approval of the applicant's Animal Care Committee will be required prior to release of funds

Are human subjects or tissues used in the proposed project?  Yes  No

**If yes, approval from the applicant's Institutional Review Board will be required prior to release of funds**