

THERAPY ACCELERATION PROGRAM (TAP) INITIAL INQUIRY FORM FOR TAP DAY



Company:	Date:
Contact:	Email:
Address:	

Please complete this initial questionnaire and ***do not exceed one page.***
The answers should be high level, summarizing main points.

1. THERAPEUTIC ENTITY AND TARGET

-
-

2. INDICATION & HEMATOLOGY RELEVANCE *(Supportive In Vitro & In Vivo Preclinical or Clinical Data)*

-
-

3. DESCRIPTION OF PROJECT REQUESTING FUNDING

-
-

4. TAP FUNDING REQUESTED

- Total project funding secured:
- Funding request to LLS:

5. DEVELOPMENT PLAN *(Current Development Status, Scientific Rationale, Budget & Timeline Synopsis)*

-
-
-

6. COMPANY AND TEAM RELATED EXPERIENCE *(Highlights)*

-
-
-

7. COMPANY RELATED FUNDING TO DATE *(in dollars)*

- Private Total:
- Grants:
- Other:

Please return (before October 2) this completed form as a pdf and send to TAPDay@lls.org.