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|  | **Medical Research Council**2nd Floor David Phillips Building, Polaris House, North Star Avenue, Swindon, United Kingdom SN2 1ET **Telephone +44 (0) 1793 416200****Web https://mrc.ukri.org/** |  |
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| Total-Body PET Expression of Interest | Document Status: With OwnerMRC Reference:  |

**Organisation where the award would be held** (mandatory)

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| Organisation |  | Research Organisation Reference: |  |
| Division or Department |  |  |  |
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**Project Title** (mandatory) [up to 150 chars]

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**Proposed earliest date for installation of the scanner** (mandatory)

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**Applicants** (mandatory) [Principal investigators and co-investigators. Increase rows as required]

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| Role | Name | Organisation | Division or Department |
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**Please briefly list the organisations involved in your proposal (all co-applicant organisations and project partners) and their roles in the project** (mandatory).

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**Briefly describe where the scanner would be hosted and whether this would be in an existing facility** (mandatory).

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**If applicable, please note any experts that you request not to be used as reviewers. This section will not be shared with the Panel.**

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| Role | Name | Organisation | Reason why the person would not be able to provide an unbiased and evidence-based review |
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