

Preview of AIMS application

1. Investigator Information

Your contact information is used to provide updates about your application.

Name*

First _____

Last _____

Institution*

Department* _____

Job Title* _____

Email* _____

Phone* _____

How did you hear about us?

2. Project Information

Share your goals and explain the potential impact of your research project.

Research Area*

Please select...

- Animal Health
- Biotechnology
- Cardiology and Vascular Diseases
- Dental and Oral Health
- Dermatology
- Endocrinology and Metabolism
- Gastroenterology
- Hematology
- Hepatology (Liver, Pancreatic, Gall Bladder)
- Immunology
- Infectious Diseases
- Musculoskeletal
- Nephrology
- Neurology
- Obstetrics and Gynecology
- Oncology
- Ophthalmology
- Plant Biology and Plant Diseases
- Psychiatry and Psychology
- Pulmonary and Respiratory Diseases
- Rare Diseases and Disorders
- Rheumatology
- Sleep Disorders
- Surgery and Trauma
- Toxicology
- Urology
- Vaccines
- Other

Disease or Condition of Interest* _____

Protein Target of Interest* _____

What is the role or significance of the protein target in the disease?*

What is the purpose or potential impact of a small molecule intervention?*

3. Protein Information

Protein details tell us how to perform a virtual screen for your target.

Uniprot ID (link):* _____

PDB ID (link):* _____

Residues of target binding site: _____

Papers that describe the protein structure, binding sites, etc.

Please attach relevant papers or files

Comments or additional guidance

4. Small Molecule Information

Help us deliver molecules with the properties you prefer.

Are there known ligands that bind to the target protein?

Yes

No

Don't know

If yes, please upload structures (e.g. SMILES, Chemdraw, SDF, MOL, MOL2)

OR provide ligand names

Do you prefer any of the following features?

Oral availability

Yes

No

Don't know

Blood-brain barrier permeability

Yes

No

Don't know

Chemotype or toxicophore exclusion

Yes

No

Don't know

Particular properties related to selectivity

Yes

No

Don't know

Other requirements

Yes

No

Don't know

Comments or additional guidance

5. Assay Information

Tell us about the testing plan for the compounds you will receive.

Will you test molecules in a chemical / protein assay?

Yes

No

Don't Know

Will you test molecules in a cell-based assay?

Yes

No

Don't Know

Comments or additional guidance