INVESTIGATOR INITIATED STUDY GRANT REQUEST FORM

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| DATE | Click or tap to enter a date. |
| NAME OF PRINCIPLE INVESTIGATOR | Click or tap here to enter text. |
| LEGAL CONTACT ADDRESS  | Click or tap here to enter text. |
| CONTACT E-MAIL ADDRESS | Click or tap here to enter text. |
| CONTACT TELEPHONE NUMBER | Click or tap here to enter text. |
| NAME(S) AND LOCATIONS OF ADDITIONAL RESEARCH TEAM (IF ANY) | Click or tap here to enter text. |

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| PROJECT TYPE Choose an item.:  If ‘OTHER’:Click or tap here to enter text. | INVESTIGATING DEVICE:Choose an item. Choose an item.If ‘OTHER’:Click or tap here to enter text. |
| TYPE OF SUPPORT BEING REQUESTED: (This may include monetary grant, statistical support, data collection, writing support services, or other.) Click or tap here to enter text. | MONETARY GRANT VALUE BEING REQUESTED: Click or tap here to enter text. |

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| ANTICIPATED DATE OF STUDY COMMENCEMENT | Click or tap to enter a date. | ANTICIPATED DURATION OF THE STUDY:Choose an item. |

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| DESCRIBE THE RESEARCH QUESTION TO BE ADDRESSED WITH THIS STUDY WORK[Include background research references if appropriate] | Click or tap here to enter text. |
| BRIEFLY DESCRIBE THE TREATMENT PLAN | Click or tap here to enter text.[# of treatments, adjunct therapies, timeline of follow-up observations] |
| NUMBER OF SITES  | Click or tap here to enter text. |
| NUMBER OF SUBJECTS | Click or tap here to enter text. |
| STUDY OUTCOMES/ENDPOINTS | Click or tap here to enter text. |
| IS IRB/ETHICS APPROVAL ANTICIPATED? | Choose an item. |
| EXTERNAL METHODS OF OBSERVATION/MEASUREMENT AND AGENCIES PROVIDING THESE | Click or tap here to enter text. |

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| INTENDED STUDY OUTPUTS | Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.  |
| PROVIDE BRIEF DETAILS IF APPROPRIATE OF THE CONFERENCE/JOURNAL YOU MAY BE CONSIDERING FOR THIS STUDY DATA | Click or tap here to enter text. |