

Investigator Initiated Research Request Form



Requestor Contact Information

Name: _____

Organization/Hospital Affiliation: _____

Email Address: _____ Phone Number: _____

Principal Investigator Contact Information

Name: _____

Organization/Hospital Affiliation: _____

Email Address: _____ Phone Number: _____

General Research Information

Date Submitted: _____

Tissue Type: _____

Non-AlloSource adjunct product to be used (if applicable): _____

Grant Request:

- Funding Tissue Both (Funding/Tissue)
 Other (Specify) _____

Protocol Title (or description): _____

Research Setting:

- Single Center Study Multi-Center Study
 Other (Specify) _____

Study Type:

- Prospective Retrospective
 Case Series Other (Specify) _____

Randomization:

- Yes No
 List Arms _____

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Outside Resources (if applicable): _____

Site(s): _____

Target Enrollment: _____

Project Dates: _____

Entire Proposed Project Period Start Date: _____ End Date: _____

Research Objectives & Detail Information

Objective:

- Describe the purpose or objectives of the study.
- State the research question or hypotheses to be tested.

Expectations / Publication Plans:

- White papers, posters, podium presentations
- At what time points

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Rationale:

- *Explain the significance of the study in terms of why this is important and how will it add to existing knowledge.*
- *Provide rationale for conducting the study. Include references to support the information provided.*
- *Describe any relevant preliminary data.*

Inclusion and Exclusion Criteria:

- *Describe the criteria that define who will be included or excluded in the final study sample.*

Study Endpoints:

- *Describe the primary and secondary study endpoints.*

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Statistical Method:

Include justification for clinical sample size and primary hypothesis testing.

Budget:

- *Describe or attach if available.*

Submission – Please carefully review your responses.

Please download and save this form. Once you have filled out the form in its entirety, please email it to Jill Bagdasarian, Director, Clinical Research Affairs (jbagdasarian@allosource.org).

AlloSource INTERNAL USE ONLY

Approval

Signature: _____
Peter Stevens, Chief New Ventures Officer

Date: _____

Signature: _____
Vice President, Global Marketing

Date: _____

Signature: _____
Medical Director

Date: _____