



Investigator Initiated Research Application

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: _____

Protocol Title (or description): _____

Research Setting:

Single Center Study

Multi-Center Study

Other (*Specify*) _____

Study Type:

Prospective

Retrospective

Case Series

Other (*Specify*) _____

Outside Resources (*if applicable*): _____

Site(s): _____

Target Enrollment: _____

Project Dates: _____

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



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Research Objectives & Detail Information

Objective:

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

Publication Plans:

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



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Budget:

- *Describe or attach if available.*

Please submit completed form and any additional documentation to tmeyer@respicardia.com.