



# Investigator Initiated Study(IIS) Concept Form

<b>Submitted by (Name):</b>	
<b>Date Submitted:</b>	MM/DD/YYYY
<b>1. Protocol Title:</b>	
<b>2. Request Type:</b> (Check all that apply)	Drug Name:
	Financial Support (please provide details in section 10)

## Study Objectives

<b>3. Study Background/ Rationale:</b> Provide brief study synopsis and justification why this study has scientific merit.	
<b>4. Study Objective(s) and Hypothesis:</b> State the primary and secondary objectives and hypotheses.	

## Study Design

<b>5. Study Type</b>	<input type="checkbox"/> Pre-Clinical/Animal	<input type="checkbox"/> Non-Clinical, Epidemiology
	<input type="checkbox"/> Clinical(Phase ___)	<input type="checkbox"/> Non-Clinical, HEOR
	<input type="checkbox"/> Non-Clinical, Registry	<input type="checkbox"/> Non-Clinical, In vitro
<b>6. Target Subject Demographics</b> (Do not include any patient specific information):	Please include general description of target population for study, including: Age range, Target Disease/Population and any other relevant factors.	
<b>7. Research Setting:</b>	Indicate: Single-site or Multi-site	
	Country of Primary Site:	
	Additional Countries:	
<b>8. Study Timelines</b>	Estimated Duration of Study:	
	Estimated Study Start:	
	Estimated Study Completion:	
<b>9. Statistical Plans</b> Include a simple description of how you plan to analyze the study data. Provide a justification for clinical sample size and primary hypothesis testing.		
<b>10. Study Budget</b>	Total Amount requested: \$	
	insert high-level breakdown of study costs/detail of the budget	

## Investigators



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<b>11. Principal Investigator Information</b> <b>**ATTACH CURRICULUM VITAE**</b>	<b>Name:</b>			
	<b>Title:</b>			
	<b>Institution:</b>			
	<b>Address:</b>			
	<b>City:</b>			
	<b>State/Province:</b>		<b>Post/Zip Code:</b>	
	<b>Country:</b>			
	<b>Phone:</b>			
	<b>Fax:</b>			
<b>E-mail:</b>				
<b>12. Co-Investigators / Sub-Investigators</b>	list names and institutions of potential Co-, Sub-investigators			