

# 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](mailto:jbagdasarian@allosource.org)).

## AlloSource INTERNAL USE ONLY

### Approval

Signature: \_\_\_\_\_  
**Dean Elliott, Chief Legal Officer**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
**Vice President, Global Marketing**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
**Medical Director**

Date: \_\_\_\_\_