

INVESTIGATOR INITIATED TRIAL PROPOSAL REQUEST FORM

For consideration for review by the Olympus Corporation of the Americas (OCA) IIT Committee, please complete this proposal request form with as much information as possible. Please attach a protocol synopsis, a current signed and dated CV, a copy of your medical license, and any other relevant material. Please include a CV and medical license for sub-investigators, if applicable. A completed, signed and dated Financial Disclosure Form will also be required. Please send this completed form and any accompanying documents to: ocaitsupport@olympus.com

Full Study Title:	
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1 Submitter Information

Name:	
Institution / Department:	
Email:	
Phone Number:	

2 Sponsor-Investigator / Study Site Information

Name / Title:		
Email:		
Phone Number:		
Street Address, City, State, Zip:		
Institution Affiliation:		
Institution Address, City, State, Zip:		
Study Coordinator Name or <input type="checkbox"/> N/A:		
Study Coordinator Phone Number:		
Sub-Investigator(s) or <input type="checkbox"/> N/A:		
How many years of experience in clinical research:		
How many publications in the last two years:		
How many studies have you participated in during last 12 months:		
Have you ever worked with Olympus:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , what was name of the study and approximate date of participation:

INVESTIGATOR INITIATED TRIAL PROPOSAL REQUEST FORM**3 Study Methodology and Design**

Study Design: <i>(check all that apply)</i>	<input type="checkbox"/> Randomized <input type="checkbox"/> Blinded <input type="checkbox"/> Multicenter <input type="checkbox"/> Controlled <input type="checkbox"/> Non-Randomized <input type="checkbox"/> Non-Blinded <input type="checkbox"/> Single Center <input type="checkbox"/> Observational
Name of Institution where Study will be conducted:	
Institution Street Address, City, State, Zip:	
If Multicenter Study, list other sites or <input type="checkbox"/> N/A:	
Study Objective / Hypothesis:	
OLYMPUS Product(s) to be used in the study:	
What is the Study Duration (e.g., months) for a Prospective Study or <input type="checkbox"/> N/A: (Includes IRB approval process, subject recruitment, enrollment and follow-up)	
What is the Study Duration for a Retrospective Study or <input type="checkbox"/> N/A: (Includes IRB approval process and length of time required to review medical records, etc.)	
Primary Endpoint:	
Secondary Endpoint:	
Study Population (including inclusion and exclusion criteria):	
Anticipated Start Date (first patient in):	
Anticipated End Date (last patient out):	
Sample Size:	

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Number of Study Visits or <input type="checkbox"/> N/A if Retrospective Study:		
Type of Follow-Up Visits or <input type="checkbox"/> N/A:		
Anticipated Output:	<input type="checkbox"/> Manuscript <input type="checkbox"/> Abstract <input type="checkbox"/> Podium Presentation <input type="checkbox"/> Poster <input type="checkbox"/> Other: _____	
Schedule of Anticipated Output (e.g., planned date for submission):		

4 Support Requested

- Monetary Support Requested (*Please include currency in fields below and give best estimate for budget*)
Total Estimated Budget: _____
Overhead %: _____
List any Study-specific fees: _____
What are you utilizing Olympus funds for: _____
- In-Kind Support Requested
Product Requested: _____
Quantity: _____

5 Sponsor-Investigator Signature

I hereby certify that the information provided above and/or attached is complete and accurate to the best of my knowledge; that this request for funding is unsolicited and approval by OCA IIT Committee is not guaranteed and; that any amount awarded will be subject to further terms and conditions to be included in a written clinical study agreement.

Printed Name of Sponsor-Investigator

Date

Sponsor-Investigator Signature