

**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 <b>YES</b> , 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