



Email all required documents to [grants@hemabio.com](mailto:grants@hemabio.com)  
or mail them in one package to:

HEMA Biologics, LLC.  
c/o Senior Medical Director, Medical Affairs  
4441 Springdale Road  
Louisville, KY 40241  
855-718-HEMA (4362)

## INVESTIGATOR-INITIATED RESEARCH PROPOSAL

**Study Title:** \_\_\_\_\_

**Investigator:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Academic Affiliation:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fax:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Investigator Signature:** \_\_\_\_\_



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## IIR CONCEPT DOCUMENT

**Study Title:** \_\_\_\_\_

**Rationale:**

**Hypothesis and/or  
Null Hypothesis:**

**Research  
Objectives:**

**Overview of  
Study Design:**

**Objective  
Endpoints:**



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**Treatment Plan  
(if any):**

**Duration of  
observation/  
follow-up:**

**Target enrollment  
completion date:**

**Target  
publication date:**

**Number of patients:**

**Number of participating sites:**

**Anticipated Start Date:**

**Comment:**

**List All Sites:**

**ID of IRB or IACUC:**



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**Support requested:**

**Monetary**

**Amount Requested: \$**

**Drug Supply**

**Study Drug:**

**Assay**

**Other (explain):**

**Scientific Publishing Plan:**

**Manuscript**

**Abstract**

**Oral / Poster Presentation**

**Target Journal or  
Scientific Venue:**