



## INVESTIGATOR INITIATED RESEARCH (IIR) PROPOSAL FORM

Primary Investigator: \_\_\_\_\_

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

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

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

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

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

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

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

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

(Please also include CVs for all Co or Sub-Investigators)

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

Rationale:

Hypothesis and/or  
Null Hypothesis:

Research  
Objectives:

**Overview of  
Study Design:**

**Objective  
Endpoints:**

**Treatment Plan  
(if any):**

**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**

Support requested:

Monetary

Amount Requested: \$

Drug Supply

Study Drug:

Assay

Other (explain):

Other sources of funding  
for this research (if  
applicable):

Scientific Publishing Plan:

Manuscript

Abstract

Oral / Poster Presentation

Target Journal or  
Scientific Venue:

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

**\* Email this form, along with all other required documentation as listed in the *Required Documents for Investigator Initiated Research Proposals* document to [grants@hemabio.com](mailto:grants@hemabio.com).**