



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.**