| **ACIST Initial Proposal Submission Form****Investigator Initiated Sponsored Research (IISR)**Submit Form to ACIST Medical |
| --- |
| ***Date of Request*:**  |  |
| ***Name of applicant:***  |  |
| ***Email*:** |  | ***Phone*:**  |  |
| **TITLE OF STUDY** |
| ***Full Title*:**  |  |
| ***Short Title:***  |  |
| **GRANTEE INFORMATION** |
| ***Facility Name:*** |  |
| ***Contact Name (e.g. research coordinator)*:**  |  |
| ***Email*:** |  | ***Phone*:**  |  |
| ***Address*:**  |  |
| ***Country*:**  |  |
| **INVESTIGATORS** |
| ***Lead PI Name*:** |  | [ ]  *CV Attached* |
| ***Site PI Name(s):****(if multi-site study)* |  | [ ]  *CV(s) Attached* |
| **PROPOSED STUDY DETAILS****(OR ATTACH SUMMARY:** [ ]  **CHECK HERE IF ATTACHED)** |
| ***Hypothesis/******Objectives:*** |  |
| ***Study Design*** *(check all that apply)****:***  | [ ]  Single-center[ ]  Multi-center[ ]  Case-series[ ]  Cohort | [ ]  Retrospective[ ]  Prospective[ ]  Observational[ ]  IDE | [ ]  Randomized[ ]  Blinded[ ]  Other, specify: |
| ***Number of Sites:***  |  |
| ***Site name(s):*** |  |
| ***Sample Size:*** |  |
| ***Patient Population:*** |  |
| ***Methods:*** |  |
| ***1st Enrollment Date:*** |  | ***Last*** ***Enrollment*** ***Date:***  |  |
| ***Last Follow-up Completed Date:***  |  | ***Estimated Date of Analysis Completed:***  |  |
| **REQUEST FOR SUPPORT** |
| ***Product(s)/Device(s)*:**  | *Include all product names and quantities requested.* |
| ***Financial (estimated budget)*:**  | *Include adequate detail for calculation of Fair Market Value.* |
| ***Other (e.g. technical support)*:**  |  |
| **CLINICAL EVIDENCE DISSEMINATION PLAN** |
| ***Will ICMJE recommendations be followed?*** | [ ]  Yes [ ]  No explain: |
| *Describe plans for dissemination for the findings of the research (i.e. publication venue(s), targeted journals, etc):* |
| **ADDITIONAL NOTES** |
|  |