

**Investigator Initiated Studies (IIS)  
and Clinical Data Related Study Request**

Please complete and return this form and the following documents to request an Investigator Initiated Studies (IIS). The Review Committee will review the request and determine if there is interest in the proposal. An email will be sent after the review is complete and a decision is made. Study requestor will be notified within 30 days of submission.

The documents listed below must be submitted to [grants@sklsi.com](mailto:grants@sklsi.com), along with a completed Investigator Initiated Studie form:

- A full proposal
- A budget
- A completed IRS W-9 Form
  - Which must have the study institution information that will be receiving payment

**STUDY INFORMATION**

<b>Title</b>	
<b>Study code (to be provided by SKLSI)</b>	
<b>Active substance (if applicable)</b>	
<b>Investigator</b>	
<b>Sponsor Institution</b>	
<b>Sponsor Study Coordinator</b>	
<b>Country(-ies) of study</b>	
<b>Publication Plan</b>	
<b>Total Funding Requested (In USD)</b>	
<b>Estimated Start and End</b>	
<p>Please provide the expected benefits and new challenges that may emerge based on the outcome of this proposal. Challenges could be a result of inferences and or misperceptions based on study outcome(s). Regional differences could exist and if so, provide context. If not applicable, enter "NA".</p>	
<b>To healthcare providers</b>	<p>Benefits:</p> <p>Challenges:</p>

<p><b>To patients</b></p>	<p>Benefits:</p> <p>Challenges:</p>
<p><b>For patient access</b></p>	<p>Benefits:</p> <p>Challenges:</p>
<p><b>To Xcopri's Lifecycle</b></p>	<p>Benefits:</p> <p>Challenges:</p>
<p>➤ <b>Request Review Date &amp; Decision</b></p>	

## **Synopsis**

**TITLE**

**BACKGROUND AND RATIONALE**

**BACKGROUND**

**RATIONALE**

**NUMBER OF SUBJECTS**

**POPULATION**

**Inclusion Criteria:**

**Exclusion Criteria**

**DURATION OF SUBJECT PARTICIPATION (per different phases)**

**RECRUITMENT PERIOD**

**RESEARCH QUESTION - SCIENTIFIC NEED:**