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| **Requestor Contact Information** | | | | | | | | | | | | | | | | | | |
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| **Name of Requestor:** | | | | | |  | | | | | | | | | | | | |
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| **Organization/Hospital Affiliation:** | | | | | | | | | |  | | | | | | | | |
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| **Email Address:** | | |  | | | | | | | | | | | **Phone Number:** | | | |  | | |
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| **Date Submitted:** | | | |  | | | | | | |  | | | | | | | |
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| **Principal Investigator Contact Information** | | | | | | | | | | | | | | | | | | |
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| **Name:** |  | | | | | | | | | | | | | | | | | |
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| **Organization/Hospital Affiliation:** | | | | | | | | | |  | | | | | | | | |
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| **Email Address:** | | |  | | | | | | | | | | | **Phone Number:** | | | |  | | |
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| **General Research Information** | | | | | | | | | | | | | | | | | | |
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| **Protocol Title [or description]:** | | | | | | | |  | | | | | | | | | | |
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| **Research Setting:** | | | | | | | | | | | | | | | | | | | | | |
| **Single Center Study** | | | | | | | | | | | | **Multi-Center Study** | | | | | | | | | |
| **Other, specify:** | | | | | | |  | | | | | | | | | | | |
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| **Study Type:** | | | | | | | | | | | | | | | | | | | | | |
| **Prospective** | | | | | | | | | | | | **Retrospective** | | | | | | | | | |
| **Case Series** | | | | | | | | | | | | **Other, specify:** | | | | |  | | |
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| **Outside Resources [if applicable]:** | | | | | | | | | |  | | | | | | | | |
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| **Site(s):** |  | | | | | | | | | | | | | | | | | |
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| **Target Enrollment:** | | | | |  | | | | | | | **Project Dates:** | | | |  | | |
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| **Entire Proposed Project Period:** | | | | | | | | | | | | | | | | | | |
| **Start Date:** | |  | | | | | | | | | | | **End Date:** | |  | | | |
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| **Research Objectives and Detail Information** | | | | | | | | | | | | | | | | | | |

**\*Objective:**

* ***Describe the purpose or objectives of the study.***
* ***State the research question or hypotheses to be tested.***

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**\*You may attach a Word document [Protocol/Concept] instead**

**\*Publication Plans:**

* ***White papers, posters, podium presentations***
* ***At what time points***

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**Budget:**

* ***Describe or attach, if available.***

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**Please submit completed form along with any additional documentation to** [res\_grants@zoll.com](mailto:res_grants@zoll.com)**.**