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