**Research Grant Application Form**

# This form should be completed by representatives of any organisation, institution or association which would like to request grant funding for research purposes from EUSA Pharma (UK) Ltd. For the purposes of this request these third parties will be referred to as the “Applicant”.

Please complete the form by clicking on the grey fields and either typing your text entry or by selecting from the drop-down menu. Once complete please email the form to the EUSA Pharma grants committee at grants@eusapharma.com where your application will be assessed. You can normally expect feedback on your application within four weeks of submission.

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| **Investigator and Site Details** |
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| **Applicant Name:** | Click here to enter text. |

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| **Institution:** | Click here to enter text. |

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| **Address:** | Click here to enter text. |

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| **City:** | Click here to enter text. |

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| **Country:** | Click here to enter text. |

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| **Telephone:** | Click here to enter text. |

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| **Email:** | Click here to enter text. |

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| **Principal Investigator Details** |
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| **Qualifications:** | Click here to enter text. |

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| **Board Certifications:** | Click here to enter text. |

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| **Trial Experience:** | Click here to enter text. |

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| **Publications:** | Click here to enter text. |

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| **Study Details** |
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| **Study Title:** | Click here to enter text. |

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| **Objective:** | Click here to enter text. |

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| **Design:** | Click here to enter text. |  |  |

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| **Patient population:** | Click here to enter text. |

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| **Sample size:** | Click here to enter text. |

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| **Methodology:** | Click here to enter text. |

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| **Rationale:** | Click here to enter text. |

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| **Treatment plan:** | Click here to enter text. |

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| **Statistics plan:** | Click here to enter text. |

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| **Clinical Study Subject Enrolment** |
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| **Number of subjects:** | Click here to enter text. |

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| **Date first enrolment:** | Click here to enter text. |

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| **Date last enrolment:** | Click here to enter text. |

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| **Duration of inclusion:** | Click here to enter text. |

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| **Number of study visits:** | Click here to enter text. |

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| **Number of study sites:** | Click here to enter text. |

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| **Non-clinical Study Details** |
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| **Type of Study:** | Choose an item. |

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| **Date of first experiment:** | Click here to enter text. |

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| **Date of last experiment:** | Click here to enter text. |

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| **Type of animal:** | Click here to enter text. |

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| **Number of animals studied:** | Click here to enter text. |

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| **Study Support** |
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| **Support Requested:** | Choose an item. |  |  |

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| ***Product Requests*** |  |

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| Name of Product: | Click here to enter text. |

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| Dosage of Product: | Click here to enter text. |

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| Quantity of Product: | Click here to enter text. |

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| ***Funding Requests*** |  |

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| Total Study Budget: | Click here to enter text. |

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| Funding Required: | Click here to enter text. |

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| **Has applicant applied to EUSA for support previously:** | Choose an item. |

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| **If yes, please give details:** | Click here to enter text. |

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| **Study Approval** |
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| **Type of approval:** | Click here to enter text. |

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| **Approving body:** | Click here to enter text. |

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| **Approval status:** | Choose an item. |

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# ***Please note: all research projects supported by EUSA Pharma (UK) Ltd will require evidence of Ethics Committee or similar approval to be provided to the company before study support can be confirmed and any transfer of funds or free product undertaken. For animal studies evidence of IUCAC approval or similar will be required by EUSA Pharma (UK) Ltd before study support can be confirmed and any transfer of funds or free product undertaken.***

***For completion by applicant:***

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| Name: | Signed: |
| Position: | Date: |

***For internal use only:***

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| **Approver** | **Name** | **Comments** | **Signature** |
| Medical Director |  |  |  |
| Chief Executive Officer |  |  |  |
| Chief Financial Officer |  |  |  |
| Head of Technical Operations |  |  |  |