

ZIMMER IN-KIND MATERIAL GRANT REQUEST

Please submit this form and required attachments to research.requests@zimmer.com.

Zimmer may make In-Kind (Zimmer product, material, or data) Material Grants to non-profit, accredited educational and research institutions for bona fide educational & research projects for scientific research relating to the field of orthopaedics or a subspecialty thereof. Such grants are based on the educational and scientific merit of the projects and are limited in monetary value. Please note that the external party receiving the In-Kind Material Grant will be required to sign an In-Kind Material Transfer Agreement (MTA). Please note that Zimmer may require the following provisions in the MTA: (1) Any publication resulting from the materials provided pursuant to the MTA must be submitted to Zimmer one month prior to submission for publication for review by Zimmer; (2) Zimmer will be offered a right of first negotiation to license any intellectual property resulting from the provision of materials pursuant to the MTA; (3) the materials will be used solely for the stated educational or research project; and (4) any product provided as part of the In-Kind Material Grant shall not be implanted in any human.

To complete this request form (Section 1) you will need the following information:

1. Federal Tax ID number for your organization (US)
2. Valid E-Mail address for communications
3. Current IRS form W9 for Grant Recipient (US)
4. Evidence of Legal Name of Organization or Institution (non US)

SECTION 1: COMPLETED BY REQUESTING INSTITUTION					
PART 1: INSTITUTION/ REQUESTOR INFORMATION					
Category of Research Project	<input type="checkbox"/> Type A RESEARCH RELATED TO ACADEMIC EDUCATION <input type="checkbox"/> Type B INSTITUTIONAL SCIENTIFIC RESEARCH				
Requesting Institution Name and Department: <i>(Attach W9 or other supporting documentation)</i>					
Contact Person (i.e. Principal Investigator)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name:</td> <td style="width: 50%; padding: 2px;">Title:</td> </tr> </table>	Name:	Title:		
Name:	Title:				
Address of Requesting Institution and Department:					
(Contact Person Information)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Phone:</td> <td style="width: 50%; padding: 2px;">Fax:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">E-Mail:</td> </tr> </table>	Phone:	Fax:	E-Mail:	
Phone:	Fax:				
E-Mail:					
Names of Research Participants and Titles.					
For Type A: <i>The names of the student(s) and the degree the research is a requirement of, and the names and titles of the academic advisor(s).</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name/Title</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Phone:</td> <td style="width: 50%; padding: 2px;">E-Mail:</td> </tr> </table>	Name/Title		Phone:	E-Mail:
Name/Title					
Phone:	E-Mail:				
For Type B: <i>The name and title of the Principal Researcher and the names and titles of professional participants in the research project</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name/Title</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Phone:</td> <td style="width: 50%; padding: 2px;">E-Mail:</td> </tr> </table>	Name/Title		Phone:	E-Mail:
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PART 2: RESEARCH PROJECT INFORMATION	
TITLE OF RESEARCH:	
SCIENTIFIC OBJECTIVE OF RESEARCH	
OUTLINE OF RESEARCH PLAN	

TYPE OF THE IN KIND MATERIAL NEEDED FROM ZIMMER AND THE APPROXIMATE SIZE AND SHAPE.	
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PART 3: ATTACHMENTS AND AFFIRMATION

Please note that Zimmer may require the following provisions in any Material Transfer Agreement (if Material Grant Request is awarded)	<p>1) Any publication resulting from the materials provided pursuant to the MTA shall be submitted to Zimmer one month prior to submission for publication to allow Zimmer to review said publication to ensure that no confidential or proprietary information will be disclosed in the publication.</p> <p>2) Zimmer will be offered a right of first negotiation to license any intellectual property resulting from the provision of materials pursuant to the MTA.</p> <p>3) Any product provided as part of the In-Kind Material Request shall not be implanted in any human.</p> <p>4) The Requesting Institution agrees that the materials provided under this MTA shall be used solely and exclusively for the above-stated project and objective.</p>
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Please attach the following supporting documents for consideration:

- W-9 Tax Form – Attached (US)
- Evidence of Legal Name of Organization or Institution (non US)
- Zimmer In-Kind Material Grant Request Form (Section 1 completed)

The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate and that this material grant is not offered to induce use of, purchase of, or recommendation of Zimmer products by a Healthcare Professional. The undersigned also affirms that he/she is authorized to sign on behalf of the Requesting Institution indicated above.

The undersigned affirms that they have read the material transfer agreement general requirements as outlined above.

Signature of Requesting Institution’s Authorized Signee

Date

Printed Name of Requesting Institution’s Authorized Signee

Title of Authorized Signee

Signature of Principal Investigator

Date

Printed Name of Principal Investigator

Title of Principal Investigator

Please submit this form and required attachments to research.requests@zimmer.com.

SECTION 2: COMPLETED BY SPONSOR (ZIMMER)

PART 4: RESPONSIBLE ZIMMER DESIGNEE INFORMATION

NAME AND TITLE OF ASSIGNED RESEARCH SERVICE MANAGER:	Name:	
	Title:	
Phone/email:	Phone:	Email:

PART 5: IN KIND MATERIAL GRANT REQUEST EVALUATION

IS THERE SUFFICIENT INFORMATION ON THE REQUEST FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO	What information is missing?
IS THE RESEARCH PROJECT OF SUFFICIENT EDUCATIONAL OR SCIENTIFIC VALUE TO MERIT FURTHER CONSIDERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	Document the reasons for the checkmark.
ITEMIZED ESTIMATED COST OF THE IN THE IN KIND MATERIAL REQUEST	
TOTAL COST OF THE IN KIND MATERIAL REQUEST IN DOLLARS	Standard Cost: Retail Cost:
IS THE TOTAL COST WITHIN THE ACCEPTANCE CRITERIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	PROVIDE COST CENTER WHERE THE IN-KIND WILL BE CHARGED: (include business unit and object account)

PART 6: APPROVALS & AFFIRMATIONS

RESEARCH SERVICES MANAGER AFFIRMATION

The undersigned represents that this request is in compliance with SOP 73.210 (In-Kind Material Grants in Support of Academic and Scientific Education and Research). The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate and that this In-Kind Material Grant is not offered to induce use of, purchase of, or recommendation of Zimmer products by a Healthcare Professional. The undersigned affirms that the value of the In-Kind Material Grant is included in the annual budget for such grants. The undersigned further affirms that the amount of any In-Kind Material Grant provided by Zimmer to any particular recipient is not based on, or related to, the past, present, or future volume or value of business generated for Zimmer by that recipient or the anticipated volume or value of business to be generated by the Healthcare Professional who may benefit from the In-Kind Material Grant.

Signature of Research Services Manager

Date

Printed Name of Research Services Manager

RESEARCH SUBCOMMITTEE REVIEW AFFIRMATION

The undersigned represents that this request is in compliance with SOP 73.210 (In-Kind Material Grants in Support of Academic and Scientific Education and Research). The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate and that this In-Kind Material Grant is not offered to induce use of, purchase of, or recommendation of Zimmer products by a Healthcare Professional. The undersigned affirms that the value of the In-Kind Material Grant is included in the annual budget for such grants. The undersigned further affirms that the amount of any In-Kind Material Grant provided by Zimmer to any particular recipient is not based on, or related to, the past, present, or future volume or value of business generated for Zimmer by that recipient or the anticipated volume or value of business to be generated by the Healthcare Professional who may benefit from the In-Kind Material Grant.

_____ Approve _____ Reject (Rejection reason) _____
(Reject not intended for use for incomplete forms which are being returned to Requestor for additional information)

Signature of Review Committee Member

Date

Printed Name of Review Committee Member

LEGAL DEPARTMENT AFFIRMATION

The undersigned represents that the foregoing arrangement is approved based upon the information contained in this document and the requestor’s affirmation above that this request is in compliance with applicable Zimmer Policies and is in conformance with the requirements of the Anti-Kickback Statute.

_____ Approve _____ Reject (Rejection reason) _____
(Reject not intended for incomplete forms being returned to Requestor for additional information)

Signature of Legal Department Designee

Date

Printed Name of Legal Department Designee

PART 7: ACKNOWLEDGMENT

COMPLIANCE OFFICE

The undersigned confirms that this request has been processed as appropriate to address tracking/reporting within an Arrangements Database as applicable.

Signature of Compliance Office Designee

Date

Printed Name of Compliance Office Designee