**Stryker Instruments Research Study Proposal Process**

Thank you for your interest in conducting a clinical study/research project involving the Stryker® *Product Listed Here*. Stryker Instruments (“Stryker”) is committed to the support of bona fide research, to advance the progress of medical science and improve patient care. In order to comply with Stryker’s internal study review policy and to facilitate a thorough and accurate review of research study proposals, any investigator interested in conducting a clinical study/research project involving the Stryker® *Product Listed Here* is requested to complete the attached Study Funding Request form and submit the fully completed form to:

**Stryker Instruments**

**Clinical Research Review Board**

**4100 E Milham Avenue**

**Kalamazoo, MI 49001**

**Attn: Rod Parker, PhD**

**rod.parker@stryker.com**

Submitted request forms will be evaluated by Stryker’s Clinical Research Review Board for consideration of (1) clinical application, (2) [insert other considerations such as patient care improvement, fiscal impact, etc.].

Upon completing its review, the Clinical Research Review Board will respond to the study funding requesting party identified in the form indicating whether or not the request has been accepted or declined. Stryker will endeavor to respond to submitted funding request forms within 30 days of the submission date.

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| **Study Funding Request Form** |
| Contact Person: | Click here to enter text. | Date Submitted: | Click here to enter a date. |
| Title: | Click here to enter text. |
| Principal Investigator: | Click here to enter text. |
| Address: | Click here to enter text. |
| Phone: | Click here to enter text. | Fax No.: | Click here to enter text. |
| Email: | Click here to enter text. |
| Study Title: | Click here to enter text. |
| Study Dates: | **Commencement:** | Click here to enter a date. | **Completion:** | Click here to enter a date. |
| Date Funds Needed: | Click here to enter a date. |
| Amount Requested from Stryker: | Cash: | $Click here to enter text. | In-kind: | Click here to enter text. |
| *(Attach description and quantity of Stryker ® Product requested* |
| Goal Objective of Study: | Click here to enter text. |
| Summary of Study Protocol: | Click here to enter text. |
| *(Attach draft of study protocol)* |
| Principal Investigator and Institution Qualifications | Click here to enter text. |
| *(Attach Investigator CV or Resume’)* |
| Add any additional project information:  | Click here to enter text. |
| Study Device used within IFU (package insert) [ ]  Yes [ ]  No |
| *(Attach additional pages and/or information to complete the proposal if needed)* |
| Describe how Stryker funds will be used: | Click here to enter text. |
| Total Study cost: | Click here to enter text. |
| *(Attach complete budget or study)* |
| Have requests been made to other organizations/sources for funding for this Study? If so, what other requests have been made, and what is the status of those requests?  |
| Click here to enter text. |
| How will this Study be evaluated? Will the Study be published (and if so, which journals targeted)? |
| Click here to enter text. |

*For questions or information, please contact the Stryker designee below.*

***Submit completed form to: Stryker Instruments***

***Clinical Research Review Board***

***4100 E Milham Avenue***

***Kalamazoo, MI 49001***

***Attn: Rod Parker, PhD***

***rod.parker@stryker.com***

***Tel: (269) 323-7700, ext. 3219***

***Fax: (269) 324-5412***

***\*\*Additional information may be requested by Stryker before funding is approved****.*