

Clinical Research Request Form

Thank you for contacting us about your desire to conduct research or to support your research through a Clinical Research Grant. Our Clinical Research team carefully reviews all proposals, but prior to our evaluation we require that you provide the requested information below. Include any additional material you feel will support this request for clinical research support. **A copy of your Curriculum Vitae (CV) or resume must accompany the request.**

Date: _____

Investigator Name: _____ Title: _____

Institution Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Pager Number: _____ E-Mail: _____

Device Name: _____

Research Title: _____

AREA OF FOCUS

- Venous Access:** CVC / PSI Dialysis PICC
- Anesthesia:** Regional Airway Arterials IV Tubing Sets
- Respiratory:** Humidification Aerosol Oxygen Urology
- Surgical:** Instrumentation Chest Drainage Suture Ligation, Stapling

RESEARCH TYPE

- In Vitro Animal Study Human Clinical
- Retrospective Prospective
- Single Center Multi-Center _____ Number of Centers

RESEARCH PROPOSAL

Number of patients anticipated _____

Anticipated calendar time the study will last including follow-up (if applicable) _____

TYPE OF SUPPORT REQUIRED

Please indicate the type of support desired, please be specific (Ex. Research coordination, statistics, publications, Clinical Research Grant, etc.)

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Please provide an abstract of your research proposal. The abstract should include the following information:

- **Research hypothesis** – At least one basic hypothesis that can be tested as described in the methodology and statistical analysis.
- **Proposed methodology** – The proposed plan for testing the research hypothesis must include a detailed protocol. The protocol must describe the proposed study design, inclusion/exclusion criteria, recruitment plan, data acquisition plan, a list of potential intercurrent or adverse events, case report forms, and randomization scheme (if applicable).
- **Cost estimate** – An itemized breakdown of study costs (product to perform study, etc.)

Additional information that should be included if available:

- **Statistical analysis plan** – A description of how the data will be analyzed, including justification for intention-to-treat analysis or on-treatment analysis. A power analysis, sample size estimate.
- **Publication plan** – The investigator is responsible for producing a final report of the study. Irrespective of the study results, the final report must include a discussion section that explains the research findings.
- **Literature review** – A complete review of the relevant source literature. The review must include a list of citations.
- **HIPAA compliance** – A review of the current HIPAA policy at the institution(s) participating in the proposed study. Please include information on whether study sponsors have access to source documents.
- **Ethics review** – A description of potential ethical problems and how they will be avoided. A draft of an Institutional Review Board (IRB) or Independent Ethics Committee (IEC) submission document must be included.

Please return the completed form with any attachments to:

Teleflex Medical, Inc.
Attn: Clinical Research
2400 Bernville Road
Reading, PA 19605

(610) 378-0131 – Phone

(610) 320-3980 – Fax

Rdg.Clinical.Research@teleflexmedical.com – E-mail