**Investigator-Sponsored Research (ISR) Proposal or Research Grant Request:**

This form is intended to communicate an investigator-sponsored research proposal or grant request for investigator-sponsored research. If your research concept is of interest to Shockwave Medical, additional documentation including a protocol, informed consent, draft case report forms and budget will be requested for further evaluation.

**Instructions for completion:**

This form is to be completed by the Investigator requesting support for research. Please complete all the fields in this form and submit to Shockwave Medical Affairs. medicalaffairs@shockwavemedical.com

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| **Section A: General Request Information** |
| Request Date: |       |
| **Section B: Investigator/Institution Information** |
| Investigator Name: |       |
| Investigator Title: |       |
| Investigator Phone: |       |
| Investigator Email: |       |
| Institution Name: |       |
| Address1: |       |
| Address2: |       |
| City/Suburb: |       |
| State/Province: |       |
| Zip/Postal Code: |       |
| Country: |       |
| CV attached:  | [ ]  |
| Section C: Support Requested (*check all that apply)* |
| [ ]  Shockwave Medical Funding      [ ]  Shockwave Medical Product or Supplies [ ]  Device training **Is funding being requested from other sources/organizations?** [ ]  No [ ]  YesIf yes, please specify support requested and/or received for this study:Preliminary budget:       |
| Section D: Study Information *(All sections must be addressed to be considered for review.)* |
| Study Title:       |
| Study Objective and hypothesis Primary Objective: Hypothesis: |
| Describe the proposed study design and treatment groups: *(e.g., single vs. randomized, study receiving therapies x, y or z.)* |
| Describe the patient population: *(Patient description, number of patients, enrollment criteria)* |
| Estimate study duration: (Time in months for start-up, enrollment, and follow-up.) Estimate study start date:Estimate study end date: |
| Describe rationale and relevance to Shockwave Medical: |
| Evidence Dissemination Plan: (Intent to present results at scientific congresses, publish results, target journals, target submission dates, etc.) |