EXTERNALLY SPONSORED RESEARCH 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 fields and either typing your text entry or by selecting from the-drop down menu. Once complete please email the form to EUSA Pharma grants committee at ESR@eusapharma.com where your application will be assessed. You can normally expect feedback on your application between 6-8 weeks from submission.

Investigator and Site Details

Applicant Name:

Institution:

Address:

City:

Country:

Telephone:

Email:

Principal Investigator Details

Qualifications:

Board Certifications:

Trial Experience:

Publications:

EUSAPharma

Study Details

Study Title:

Objective:

Design:

Patient Population:

Sample Size:

Methodology:

Rationale:

Treatment Plan:

Statistics Plan:

Clinical Study Subject Enrolment

Number of Subjects:

Date First Enrolment:

Date Last Enrolment:

Duration of Study:

Number of Study Visits:

Number of Study Sites:

Study Support

Support Requested: Choose an item

Product Requests	
Name of Product:	
Dosage of Product:	
Quantity of Product:	

Funding Requests	
Total Study Budget:	
Funding Required:	

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

If yes, please give details: _____

Study Approval

Type of Approval: _____

Approving Body: _____

Approval Status: Choose an item

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 completion by applicant:

Name:	**Signed:**
Position:	**Date:**

For internal use only:

Approver	Name	Date	Signature
Regional Medical Director			