



## **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](mailto: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:**

---



### 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:**

<b>Product Requests</b>	
Name of Product:	
Dosage of Product:	
Quantity of Product:	

<b>Funding Requests</b>	
Total Study Budget:	
Funding Required:	

**Has applicant applied to EUSA for support previously:**

**If yes, please give details:**

\_\_\_\_\_

**Study Approval**

**Type of Approval:**

\_\_\_\_\_

**Approving Body:**

\_\_\_\_\_

**Approval Status:**

\_\_\_\_\_

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:**

<b>Name:</b>	<b>Signed:</b>
<b>Position:</b>	<b>Date:</b>

---

**For internal use only:**

<b>Approver</b>	<b>Name</b>	<b>Date</b>	<b>Signature</b>
<b>Regional Medical Director</b>			