

Terumo Europe N.V. Grants and Donations **Protocol Evaluation Form**

Please complete all fields in full written English, sign and submit to Medical Affairs Interventional Oncology @ IO.IIS.Management@terumo-europe.com

Study Title	
Study Product	
Principal Investigator	
Contact Details	
Institution	

Target Study Population	
Study Rationale	
Treatment schedule	
Primary Objective	
Secondary Objective	

Statistical analysis	
Expected Outcomes	

Number of patients	
Follow up	
Inclusion period	
Overall study duration	
Regulatory status	
Inclusion criteria	
Exclusion criteria	

Disclaimer:

Grants shall not be contingent in any way on past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of Terumo products or services

Support requested:

I affirm that the grant will only be used for the described purpose. The research to be conducted will comply with the Helsinki Good Clinical Practice and otherwise stated regulatory requirements

Name, date and signature:

To be completed by applicant

<i>ANTICIPATED COSTS (if need be please add items)</i>		
<i>Item (single or multicenter)Internal or External</i>		<i>Cost (€)</i>
<i>Planning & Startup</i>		
<i>Insurance</i>		
<i>Regulatory Submissions/Fees</i>		
<i>Ethics Submissions</i>		
<i>Investigator & Site Fees</i>		
<i>Product amount of cost if known</i>		
<i>Study Monitoring & Management</i>		
<i>Data management & Statistics</i>		
<i>Statistical Analysis</i>		
<i>Medical Writing</i>		
<i>Other Costs</i>		
<i>SEE ATTACHED DETAILED BUDGET</i>		
<i>TOTAL COSTS AND SUPPORT REQUESTED(€)</i>		

<i>COST BREAKDOWN Continued</i>				
<i>Estimated Scheduling of Costs vs Budgets</i>				
	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>
<i>Estimated Scheduling</i>				
<i>Budget requested (current year)</i>				
<i>Please note that the research milestones will also determine the payment milestones</i>				

Review Comments