



Research Grant and Scientific Support

Please complete all fields as incomplete application will not be considered.

Instructions: To select an answer, please click once in the box and use the arrow for the drop down selection items.

[Click here to choose the type of application](#)

If Re-application, please specify the Ref#:

APPLICANT INFORMATION		
Institution name		
Applicant complete mailing address		
Primary Investigator (PI)	Title	Click here to select
	Last name	
	First name	
	Office Phone #	
	Fax #	
	Email	
Main Study Coordinator (SC) <input type="checkbox"/> Not applicable	Title	Click here to select
	Last name	
	First name	
	Office Phone #	
	Fax #	
	Mobile Phone #	
	Email	



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STUDY INFORMATION	
Study Title	
Study Phase(s) <i>(Please select all that apply)</i>	<input type="checkbox"/> Pre-clinical <i>in vivo</i> <input type="checkbox"/> Phase I <input type="checkbox"/> Phase III <input type="checkbox"/> Pre-clinical <i>in vitro</i> <input type="checkbox"/> Phase II <input type="checkbox"/> Phase IV <input type="checkbox"/> Other If "Other", please explain:
Study Type	Click here to select study type
Intervention Type	Click here to select type of intervention If "Other", please specify:
Study Design <i>(Please select all that apply)</i>	<input type="checkbox"/> Open label <input type="checkbox"/> Single-blind <input type="checkbox"/> Double-blind <input type="checkbox"/> Placebo <input type="checkbox"/> No comparator <input type="checkbox"/> Active comparator <input type="checkbox"/> Parallel <input type="checkbox"/> Crossover <input type="checkbox"/> Cross-sectional <input type="checkbox"/> Randomized <input type="checkbox"/> Case-control <input type="checkbox"/> Meta-analysis <input type="checkbox"/> Other If "Other", please specify:
Approval status from country-specific regulatory agency (<i>e.g., FDA, HPFB, EMA, BfARM, etc.</i>) Click here to select the approval status If approved: Date of approval: Click here to enter a date Regulatory agency <i>(Please select all that apply)</i> FDA <input type="checkbox"/> EMA <input type="checkbox"/> HPFB <input type="checkbox"/> Other <input type="checkbox"/> Specify:	
Approval status from Institutional Ethics Review Board, Research Ethics Board, Institutional Review Board, Independent Ethics Committee, etc. (<i>IERB, REB, IRB, IACUC, etc.</i>): Click here to select the approval status If "Approved", please indicate the date of approval: Click here to enter a date	
Number of sites involved	
Country(ies) involved <i>(Please list)</i>	



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STUDY SUMMARY	
Study Rational	
Study Endpoints <i>(Please select all that apply)</i>	Efficacy <input type="checkbox"/> Survival <input type="checkbox"/>
	Safety <input type="checkbox"/> Observational <input type="checkbox"/>
Study Synopsis <i>(Description & procedures)</i>	
Study Objectives Primary objective: Secondary objective(s):	
Study Population	Click here to select study population If "Animal", please specify: If "Other", please specify:
Special population <i>(Pediatric, elderly, hepatic/liver impairment, etc.)</i>	Click here to select Yes, No, or Not applicable If "Yes", please specify:
Number of subjects	Not applicable <input type="checkbox"/>
Statistical justification	Click here to select Yes, No, or Not applicable If "Yes", please specify:
Study PDT Device <i>(laser, optical fiber)</i>	Click here to select Yes, No, or Not applicable If "Yes", please specify <i>(indicate the brand, model, etc.)</i> :
Study duration	Enrolment or experimental time weeks If clinical, last patient last visit Click here to enter a date Data analysis time weeks Study report/manuscript preparation time weeks



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TYPE OF SUPPORT									
Is funding from Pinnacle Biologics Inc. requested	Click here to select Yes or No								
If "Yes", please provide details of the funding requested									
Total budget	USD								
Budget for the current year	USD								
Budget breakdown for subsequent years (if applicable)	<table border="1"> <tr> <td>Year 2</td> <td>USD</td> </tr> <tr> <td>Year 3</td> <td>USD</td> </tr> <tr> <td>Year 4</td> <td>USD</td> </tr> <tr> <td>Year 5</td> <td>USD</td> </tr> </table>	Year 2	USD	Year 3	USD	Year 4	USD	Year 5	USD
Year 2	USD								
Year 3	USD								
Year 4	USD								
Year 5	USD								
Is this funding request part of a									
<input type="checkbox"/> Universal endowment <input type="checkbox"/> Charitable endorsement <input type="checkbox"/> Cooperative agreement <input type="checkbox"/> Not applicable									
Has/will funding from a third party been/be requested?	Click here to select Yes or No								
If "Yes", please provide the name of the third party and the support requested									
Name of the third party									
Support requested									
Is the drug requested from Pinnacle Biologics Inc.?	Click here to select Yes or No								
If "Yes", please indicate the quantity	vials								



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SAFETY AND RESULTS DISCLOSURE

Do you accept

- informing Pinnacle Biologics Inc. about study safety data (e.g., adverse events, serious adverse events, unanticipated problems, pregnancy outcome, toxicology) during the course of this project, and
- providing Pinnacle Biologics Inc. with any publication resulting from this study prior to submission for the sake of review and comments?

[Click here to select Yes or No](#)

If "No", please provide the reason(s):

SIGNATURE

The information provided in this application is truthful and complete. If any answer in this application changes, I agree to amend the submission.

[Click here to select](#)