Nihon Kohden Research Grant Application

Please ensure that all information provided is legible. Investigator/Institutional Initiated Studies Only.

Print Form

Reset Form

Date Submitted | Funding Requested By Date

Total Cost of Study | Payment Terms and Currency Type if not US dollars

☐ Please check if Applicant or Payee is located in Massachusetts or Vermont

I. Applicant Information *Please provide full legal name acronyms not accepted*

No PO Boxes. Please enter physical address ONLY.

Applicant Name

Applicant Address

Address 2

City | State | Zip

If not in US, City/Country

Applicant Website Address

Contact Information (please include email address to facilitate communication)

Contact Person

Email

Phone

Fax

II. Recipient/Payee Information *Please note: checks must be made payable to the Recipient as listed on the W-9*

No PO Boxes. Please enter physical address ONLY.

Recipient Name

Name 2

Recipient Address

Address 2

City | State | Zip

If not in US, City/Country/Postal Code

Applicant Website Address

Contact Information (please include email address to facilitate communication)

Contact Person

Phone

Email

Fax

Recipient's Tax-Exempt Status (e.g., 501c3, 501c4, 501c6)

II. III. Project Information

Principal Investigator Name

Name of Device

Is the Device FDA Approved/Cleared for the intended use in the Protocol? Yes ☐ No ☐ Unsure ☐

Protocol Title

Study Objective(s) (defined endpoints)

If DJO product will be provided to the institution at no cost as a part of this study please describe

Product	Quanitity	Retail Price	Extended Retail Price

Total Retail Value of Product _____

Date Submitted _____

Requestor Name

Protocol Tile

Reminder: All information must be present and supporting documentation must be received for consideration.

IV. Study Design

Enrollment

Target Study Enrollment

Length of Clinical Follow-Up

Cost Per Subject Visit
(please consult the PRC)

Number of Subject Visits

Data Collection Requirements

Type of Data Collection

Data Collection Intervals

Detail Data to be Collected Per Interval
(including X-ray requirements if applicable)

Inclusion/Exclusion Criteria

V. Supporting Documentation

In addition to the completed request form the following documents must be included:

- ***A Letter of Request on the institution's letterhead***
- ***Protocol***
- ***W-9***
- ***Tax-Exemption Determination Letter (if applicable)***
- ***Detailed Budget***
- ***List of deliverables***
- ***Schedule of visits***
- ***All Required approvals***
- ***IRB approval must be submitted once obtained***
- ***No payments will be made without evidence of IRB approval***

VI. Certification of Compliance

Nihon Kohden will not make a charitable contribution that implicitly or explicitly rewards a customer for past or future purchases, uses, orders, or recommendations of Nihon Kohden products. Any evidence that a charitable contribution is tied in any way to the past, present, or future use, order, recommendation or purchase of Nihon Kohden products will result in denial, and may exclude the organization from consideration for future funding. By signing below the Applicant understand, agrees and certifies:

1) All information provided on this Research Grant Application Form is true and accurate to the best of the Applicant's knowledge;

2) Neither Applicant nor Nihon Kohden, including their respective personnel, contractors or agents, have stated or implied, explicitly or implicitly, that this donation is intended to provide prohibited remuneration or impose a requirement for the purchase, use, order or recommendation of Nihon Kohden product.

If, for any reason, you find that you cannot complete this certification or if you have any questions regarding this certification please contact Nihon Kohden's Grants Committee via email at Grants@nkusa.com to discuss your concerns.

Signature of Person Completing Form

Date

Printed Name of Person Completing Form

FOR NIHON KOHDEN USE ONLY

☐ Approved ☐ Declined ☐ Clinical Review Completed

Comments

Approval Signature _____ Date _____