

RESEARCH SUPPORT REQUEST FORM

Novonesis is proud to invest in important clinical research. To help us assess whether we can support your research proposal, please provide the information requested below. Please email this completed form along with a copy of your research protocol (if available) or synopsis, and any other supporting documents to tka@novonesis.com.

We will review your request and aim to respond within 30 working days.

1. ABOUT THE PRINCIPAL INVESTIGATOR

Name	
Job title	
Email	
Telephone number	
Institution name	
Full address of institution (including department)	
Do you have prior research experience? Please tick.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please send your Research CV with your completed request form.</i>
Will you have the support of your institution's Research & Development (R&D) department to conduct this research? Please tick.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an up to date Good Clinical Practice (GCP) Certificate? Please tick.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please send your current GCP certificate with your completed request form.</i>

2. ABOUT THE STUDY

Study title	
Study aim What is the clinical or scientific question or hypothesis you are studying?	
Study design e.g. randomised controlled trial, single arm interventional study, observational study, retrospective analysis, etc.	

2. ABOUT THE STUDY CONTINUED

Total sample size (if applicable)	
Sample size per study group (if applicable)	
Method of determining proposed sample size (e.g. power calculation, alignment with prior studies, feasibility, etc) (if applicable)	
Description of study intervention (if applicable)	
Duration of study intervention (if applicable)	
Description of control or comparison group(s) (if applicable)	

Outcome measures (please list all, including the methods of outcome measure data collection)		
Expected start date of study (ddmmyyyy)		
Expected duration of study		
Are you open to suggestions for amendments to the study protocol? Please tick.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be submitting this research study for ethical approval? Please tick all that apply. <i>Please note: For research projects which require ethical approval, research support will only be provided upon confirmation of ethical approval from the relevant body.</i>	<input type="checkbox"/> Relevant national ethical authority (e.g. Health Research Authority in UK / Institutional Review Board in US, etc.) <input type="checkbox"/> Your institution <input type="checkbox"/> Other (please state): <input type="checkbox"/> None (if ethical approval is not required, please provide rationale):	

3. ABOUT THE RESEARCH SUPPORT YOU NEED

What type of research support is being requested? Please tick all that apply.

☐ (A) Free of charge product samples
☐ (B) Funding
☐ (C) Other resources

(A) If your request includes product samples, please complete the table below. If not, please leave this section blank and move on to section (B) below.

Product name	Quantity per participant for whole study period (e.g. one capsule per day for 30 days = 30 capsules)	Number of participants requiring product	Total product quantity required

(B) If your request includes funding, please complete the information below. If not, please leave this section blank and move on to section (C) below.

Please state the currency of the funding required (e.g. Euro, GBP, USD)

Study Costs	Cost
<i>Please provide line-item details of all study costs for which funding is required e.g. investigator post, ethical approval, equipment, laboratory testing, statistical analysis, or any other costs arising from the study.</i>	
TOTAL	

3. ABOUT THE RESEARCH SUPPORT YOU NEED - CONTINUED

(C) If your request includes other resources or types of support (e.g. literature search, statistical analysis), please provide further details.

Please provide any other relevant information relating to your request for study support.

Please send this completed application form to tka@novonesis.com, along with:

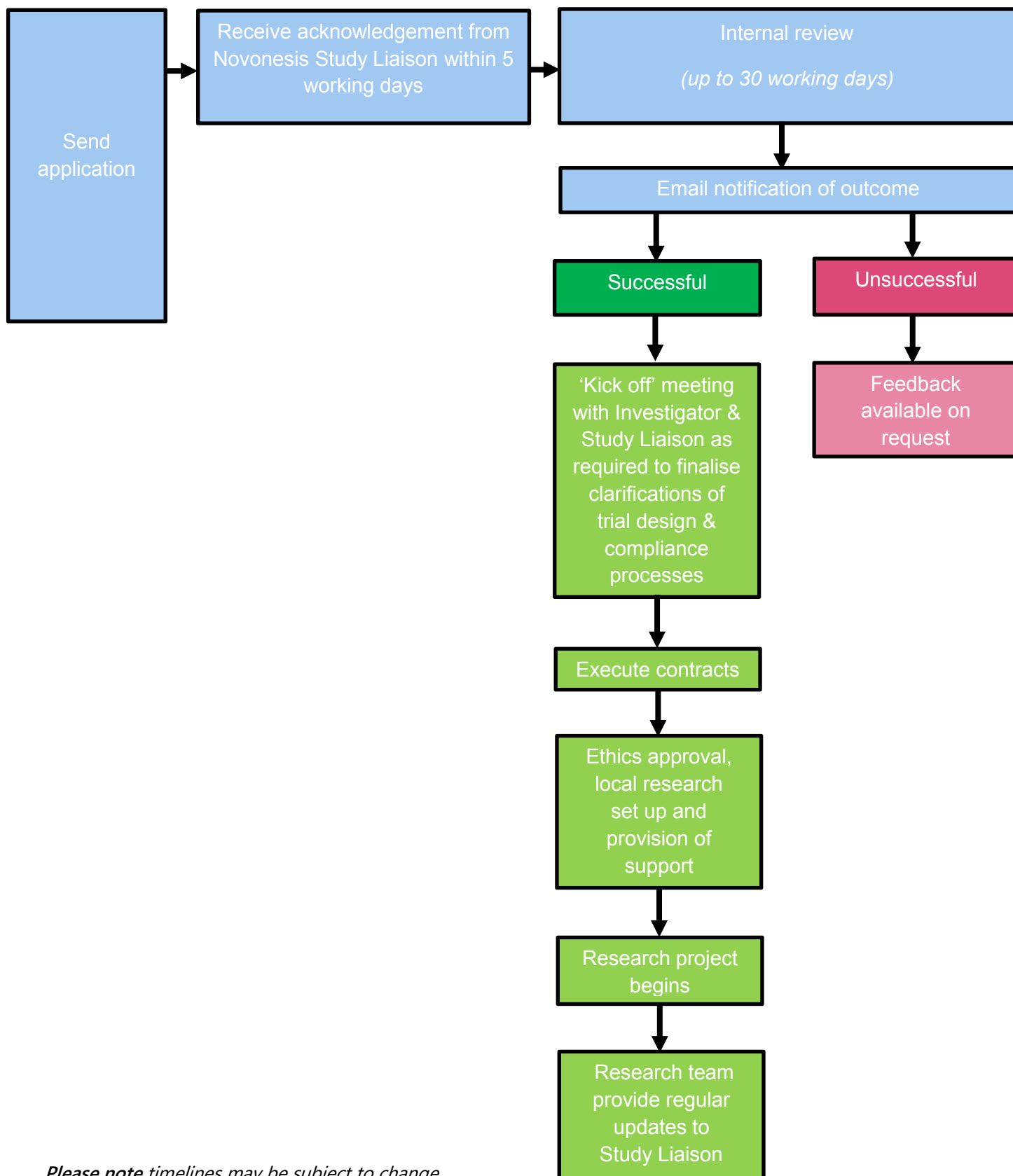
- your research protocol
- your research CV (if applicable)
- your current GCP certificate (if applicable)

By submitting this form, you consent to the processing of your personal data as described in our [privacy policy](#)

You should receive acknowledgement of the receipt of your application within 5 working days. The review process for applications may take up to 30 working days. Please see diagram overleaf for an overview of the review process. If you have any questions please contact tka@novonesis.com.

THANK YOU FOR YOUR APPLICATION.

Flow Diagram: Research Support Application, Review & Approval Process



Please note timelines may be subject to change.