**PIEC Application Form**

**Annex D – Industry Sponsored Studies**

**PROTOCOL TITLE:**

Text Field

1. *Name of the sponsor company*

Text Field

1. *Address of the sponsor company*

Text Field

1. *Sponsor company’s contact person:-*

|  |  |
| --- | --- |
| *a) Name:* | Text Field |
| *b) Designation:* | Text Field |
| *c) Email address:* | Text Field |
| *d) Contact Number:* | Text Field |

1. *Name of the Clinical Research Organization (if applicable).*

Text Field

1. *Address of the Clinical Research Organization (if applicable).*

Text Field

1. *Clinical Research Organization’s contact person (if applicable):-*

|  |  |
| --- | --- |
| *a) Name:* | Text Field |
| *b) Designation:* | Text Field |
| *c) Email address:* | Text Field |
| *d) Contact Number:* | Text Field |

1. *Have any of the investigators received any financial support /sponsorship unrelated to the conduct of this study from the study sponsor?*

 *[ ]  Yes [ ]  No*

* 1. *If you have answered ‘Yes’ to Q7 , please elaborate:*

Text Field

1. *Do any of the investigators hold any ownership interest, e.g. stock options in the sponsor company?*

 *[ ]  Yes [ ]  No*

* 1. *If you have answered ‘Yes’ to Q8, please elaborate:*

Text Field

1. *Is the study sponsor offering any incentive connected with subject recruitment or completion of research study (e.g. finder’s fee, recruitment bonuses etc) that will be paid to the research staff?*

 *[ ]  Yes [ ]  No*

* 1. *If you have answered ‘Yes’ to Q9, please elaborate:*

Text Field

1. *Any other remarks?*

Text Field