

Investigator Initiated Studies (IIS) Study Concept Form		
Study Title		
Request Date		
Principal Investigator Contact Information		
Name		
Title		
Institution		
Address		
City, State, Zip (Country)		
Phone/Fax		
Email		
	QIAGEN Contact (if applicable)	
Name		
Email		
Diagnostic Area Provide the diagnostic area	of the IIS	
If other, please specify		
Background/Rationale Provide background on unan	swered question the study is attempting to answer (limit to 1 page)	



Investigator Initiated Studies (IIS) Study Concept Form
Objectives List the aims to correspond directed with the listed hypothesis
Hypothesis
List the clinical hypothesis in order of priority
Study Design/Clinical Plan
Provide a concise overview stating the type of experimental design and include key inclusion/exclusion criteria



## Investigator Initiated Studies (IIS) Study Concept Form

	Study Concept Form	
Statistical Plans		
Include justification for sample size and primary hypothesis testing		
Include description of data of	ollection and analysis	
Support requested  Describe the kind of support	traquested	
Describe the kind of support	- requesieu	
Describe the number of cart	wides kits instruments at	
Describe the number of cartridges, kits, instruments, etc.		
If financial, please specify br	eakdown of budget (reagent, overhead costs, etc.)	
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If other, please specify		
Timelines and Study Plans		
Number of Sites		
Site Names		
Study Start Date		
Study End Date		
Number of Subjects		
Enrollment/Testing Period		
Ethics committee (EC) or		
institutional review board (IRB)		



Investigator Initiated Studies (IIS) Study Concept Form		
Publication Plan		
Where are you planning on submitting for publication?		
Are you planning to present this data at a scientific congress?		
References		