



Concept ISS Proposal Form

Investigator Full Name:	Degrees:
Email:	Institution:
Phone:	Mailing Address: <i>(street, city, state (or province), zip code/mail code, country)</i>

Administrative Support Person Name:	Study Coordinator or Nurse Name:
Email:	Email:
Phone:	Phone:

Concept Title				
Research type	Clinical: Interventional	<input type="checkbox"/>	Pre-Clinical: In vivo	<input type="checkbox"/>
	Clinical: Non Interventional	<input type="checkbox"/>	Pre-Clinical: In vitro	<input type="checkbox"/>
All documents listed at right must be attached for the Concept ISS Submission to be considered complete and eligible for review.	Document			Attached
	A full CV of the Principal Investigator (and CVs for any sub-investigators, if known at this time)			<input type="checkbox"/>
	Current valid license to practice medicine			<input type="checkbox"/>
	A list of recent clinical trial experience (within the last three years)			<input type="checkbox"/>
	Evidence of GCP training (within the last three years)			<input type="checkbox"/>
	The type and amount of support requested (funding and/or provision of product or devices)			<input type="checkbox"/>
	Synopsis of the study (please use template provided)			<input type="checkbox"/>
	Study timeline, including communications (publications and presentation targets, etc.)			<input type="checkbox"/>

Certification
You must certify the following before you can submit your request to embecta for consideration. By signing and submitting this form you certify the following.
You certify that you are an active employee of the requesting organization, with the responsibility and authorization to apply for financial support from embecta.



You certify that you have no knowledge that embecta has been involved in the creation or development of this project.

You certify that, if approved, the source of all support from commercial interests must be disclosed in all publications and presentations. When commercial support is "in-kind" the nature of the support must be disclosed.

You certify that, if approved, in the performance of all activities related to an independent medical grant, you, and all participants must comply with all applicable Global Trade Control Laws. "Global Trade Control Laws" include, but are not limited to, U.S. Export Administration Regulations; the International Traffic in Arms Regulations; EU export controls on dual-use goods and technology; Financial Sanctions Laws and Restrictive Measures imposed within the framework of the CFSP - Treaty on European Union, and the economic sanctions rules and regulations administered by the U.S. Treasury Department's Office of Foreign Assets Control.

You certify that, if approved, the grant has not been and will not be conditioned on or related, in any way, to: (a) any pre-existing or future business relationship with embecta; or (b) any business or other decision made or may be made, relating to embecta or its products (including coverage decisions).

Further you certify that you are authorized to submit an application and provide information in an application on behalf of the requesting organization and any partner organization(s), and you affirm that all responses and information provided in this application are truthful, accurate and complete. Your certification also represents that neither you nor your organization's directors, trustees, and/or anyone who will be involved in the project(s) that will be funded by this grant are on the OIG debarment list.

Please note, if the request is approved you will be required to sign a contract which includes additional terms and conditions as they relate to the execution of the request.

Investigator Signature and Date: