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**Procedure**

To submit your Study Proposal:

1. Download and complete\* the research proposal form
2. Complete the contact form below by uploading your research proposal form and your CV
3. Submit the request to Anthogyr clinical team

*\*Only completed forms will be considered*

**Review Process**

The Research Screening Committee is composed of Anthogyr experts pursuing responsibilities within various departments of the company. The Research Screening Committee meets on a regular basis to review all incoming applications. A decision on your proposal will be communicated within one month after submission.

Please acknowledge that Anthogyr is free to accept your request or to decide not to support it.

Further information can be obtained from Anthogyr Clinical Team.

Anthogyr

Clinical Research

2237 Avenue André Lasquin

74700 Sallanches

France

[clinical@anthogyr.com](mailto:clinical@anthogyr.com)

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| **Application Date: DD/MM/YYYY** |

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| **Study Team:** |
| Primary Investigator (PI):  Co-Investigators:  Study nurse/ Coordinator:  (if applicable)  Institution and Department: |
| Contact details primary investigator (lead study center)  Street:  Postal code and City:  Country:  Email:  Phone: |
| Additional study centers: |

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| **Study Overview:** | | |
| Study Title: | | |
| Rationale of study:  (what is the reason for performing this study?) |  | |
| Study hypothesis:  (Formulate only one hypothesis) |  | |
| Type of study: | | In vitro / Bench test  Clinical study  Animal study  Case series |
| Study design:  (in case of a clinical study) | | Prospective  Retrospective  Controlled  Single arm (single cohort)  Randomized  Non-randomized |
| Field: | | Implants  Regenerative  Prosthetics  CAD/CAM  Other: |
| Number of patients/animals/samples | | Total:  Per group: |
| Sample size calculation:  (if applicable) | | Calculated number (without drop-outs):  Rationale: |
| Study Device (Product Name): | |  |
| Control Device (Product Name): | |  |

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| **Study Budget:** | |
| Total study budget:  (provide reasonable detail) |  |
| Expected financial contribution from Anthogyr:  (detailed specification) |  |

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| **Requested material support** (Anthogyr products only): | | |
| Article description | Article number | Quantity |
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| **Study Details:** |
| Primary endpoints: |
| Secondary endpoints: |
| Indication: |
| Materials and Methods (for clinical study: include study schedule, inclusion/exclusion criteria): |
| Statistical methods: |

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| **Planned Study Device:** | |
| Estimated study start:  (for clinical study: estimated date of ethical committee approval) |  |
| Duration of patient recruitment:  (clinical study only) |  |
| Estimated study end:  (for clinical study: estimated date of last patient follow-up) |  |
| Date of first draft publication:  (date of draft manuscript provided to Anthogyr for review) |  |
| Publications & Presentations (describe number, content and target journals of planned publications and congress contributions): | |

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| **Experience of primary investigator:** | | |
| Number of published articles in international peer-reviewed journals **(as PI)**: | |  |
| ISO/GCP training performed (certificate available)? | Yes  No | |
| CV provided together with this proposal  (mandatory for first time applicants)? | Yes  No | |

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| **Monitoring, data management and analysis:** | |
| Who performs monitoring?  (only applicable for clinical studies) |  |
| Who manages the data?  (e.g. creates and maintains the database) |  |
| Who performs the statistical analysis? |  |
| Who writes the publication(s)? |  |