Investigator Initiated Research (IIR) Request Form

Principal Investigator:			
Principal Investigator(s): Organization Name/Address			
Principal Investigator(s): Contact Information	**Phone number:**	**Fax number:**	**Email address:**
Co- and/or Sub-Investigator(s): (if applicable)			
Co- and/or Sub Investigator(s): Contact Information (if applicable)	**Phone number:**	**Fax number:**	**Email address:**
Area/Specialty:	**Opioid Withdrawal Syndrome** ☐ **Other:** _____		
Product:	**Lofexidine** ☐ **Other:**_____		
Study Title:			
Study Rationale (Brief):			
Study Objectives (Brief):			
Term/Duration of Study (identify expected start date/end date of study)			
Type and Amount of Support Requested (Drug, Funds, or Drug + Funds):			
Are you requesting support from other sources?	**Yes** ☐ **No** ☐ **If yes, please list here:** _____		
Payee Name & Address:			
Payee:	**Physician** ☐ **Teaching Hospital** ☐ **Other**		

***Please attach with this form a copy of the full study protocol, a CV for each Investigator, a comprehensive budget (if applicable), and any other necessary supporting documentation to constitute a complete IIR Request. If submitting this form only for IIR Concept Submission review, the formerly listed supporting documentation is not required.**

Submit this completed form to Medical Affairs via email to: grants@usworldmeds.com. Please allow a 90-day internal review process on all IIR Concept Submissions or full IIR Requests. If the full IIR Request is approved, Medical Affairs will contact the designated Principal Investigator to initiate an IIR Letter of Agreement (LOA).

For Internal Use ONLY	
Approved By (Med. Affairs):	Date approved: