



RESEARCH GRANT REQUEST FORM

TITLE OF THE STUDY: _____

In accordance with CrossRoads Extremity Systems, LLC, (CREX) this Investigator-Initiated Research Grant Request Form ("Request Form") is to be used by an organization or entity requesting a grant to support independent investigator-initiated research. This Request Form should NOT be completed by Company Employees.

Each completed Request Form, along with all applicable supporting documentation, must be submitted to the applicable Grant Committee for review a minimum of six (6) weeks prior to the inception of the event.

1. Date of Request: _____

2. Name of the Requesting Organization: _____

3. Name and Contact Information of Requestor: _____

4. Principal Investigator: _____

5. Organization's Identifying Number:
For US entities, Federal Tax ID Number - _____
For entities outside the US, Business Registration Number - _____

6. Is the Organization Tax-Exempt? [] Yes [] No
If yes, attach documentation of exempt status.

7. What kind of support are you requesting from CREX

a. CREX products, [] No [] Yes - Attach a list of Products being requested and the quantity of each item.

b. monetary support: [] No [] Yes - Currency/Amount of Funds being Requested: _____

c. Other, please specify: _____

8. What is the publication plan of the study results:

[] Congress (oral or poster) [] Journal publication [] Other

Attach supplemental document(s) addressing the following:

- What is the main objective of the study?
- What is the rationale of the study?

9. Please describe the study design:

- Prospective Retrospective
- Interventional Observational
- Single arm RCT
- Cadaver study (Bio-) Mechanical

Other important characteristics (blinding, case controlled, etc.):

10. Please confirm whether the study will be executed according to the declaration of Helsinki;GCP and applicable laws.

11. Please confirm the following:

- Ethics committee approval (or similar) will be obtained before first patient enrollment
- Patients will be asked for their written informed consent prior to enrollment, if required by local law or local ethics committee.
- CREX products will be used according to the indications and contra-indications in the Instructions For Use leaflet

12. Attach the following required documentation:

- a. Copy of the protocol or study summary or outline;
- b. Information, including dates and amounts, regarding past grants from CREX;
- c. Documentation of the organization's tax-exempt status, whether under IRS Code Section 501(c)(3) or 501(c)(6), or under a similar country or state law;
- d. If requestor is a U.S. entity, a completed W-9 form which reflects the organization's Employer ID Number (EIN) (also known as a taxpayer ID number);
- e. If requestor is an entity outside of the U.S., documentation reflecting the organization's business registration number;
- f. Organization's total budget for the project, indicating percentage spent on overhead; and
- g. Organization's Data Protection Program including compliance with the Global Data Protection Regulation.

I certify that all information provided in this Request Form is accurate and complete, and I understand that consideration of this request is not conditioned upon prescribing, purchasing or recommending any CREX products. I certify that this grant request is related to independent investigator-initiated research and is free from influence or involvement from employees or agents of CREX. I understand that CREX may not influence or control any element of the study, including study criteria, study outcomes and publication. I further understand that only the applicable CREX Grant Committee, can approve a grant request and make a commitment to provide funding.

Requested By: _____
Printed Name:: _____
Date: _____

Scan and e-mail this form and all supporting documentation to grants@crextremity.com

FOR CREX USE ONLY:

Grant approval by Compliance Officer (signature/date): _____