**Investigator-Sponsored Research Study Concept Proposal Form**

HistoSonics recommends that investigators interested in conducting an investigator-sponsored research (ISR) study supported by HistoSonics first submit a study concept by completing this form. If HistoSonics determines that the proposed clinical study aligns with current evidence needs and has scientific merit, the investigator will be invited to submit a study protocol and detailed budget.

For the ISR study concept submission, please send the following to ISRProgram@histosonics.com:

[ ]  Completed proposal form (see below)

[ ]  Principal Investigator’s CV

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| Sponsor Information |
| Investigator name: | Click or tap here to enter text. |
| Investigator email: | Click or tap here to enter text. |
| Investigator phone: | Click or tap here to enter text. |
| Institution name: | Click or tap here to enter text. |
| Institution address: | Click or tap here to enter text. |
| Study Information |
| Institutional Review Board (IRB) name: | Click or tap here to enter text. |
| Main scientific question: | Click or tap here to enter text. |
| Study design: | [ ]  Prospective clinical study[ ]  Retrospective clinical study | [ ]  Single center[ ]  Multi-center, number of centers: Click or tap here to enter text. |
| [ ]  Single arm[ ]  Multi-arm | [ ]  Descriptive statistics only[ ]  Hypothesis-driven  |
| Describe the study population: | Click or tap here to enter text. |
| Number of patients: | Click or tap here to enter text. |
| Histotripsy treatment details (describe concomitant therapies, if applicable): | Click or tap here to enter text. |
| Comparison considered in the study (e.g., alternative treatments, performance goal): | [ ]  No comparison[ ]  Single arm with performance goal, please describe comparison: Click or tap here to enter text.[ ]  Multi-arm, please describe comparison: Click or tap here to enter text. |
| Primary endpoint(s): | Click or tap here to enter text. |
| Study duration (estimate): | Start-up activities (months): Click or tap here to enter text.Enrollment (months): Click or tap here to enter text.Patient follow-up (months): Click or tap here to enter text.Data analysis / final report completion (months): Click or tap here to enter text. |
| Presentation / Publication Plans: | [ ]  Presentation(s) – medical conference(s) & anticipated year: Click or tap here to enter text.[ ]  Publication(s) – target journal & anticipated submission date (month/year): Click or tap here to enter text. |
| Requested Support |
| Type of support requested:  | [ ]  HistoSonics Financial Support – Amount requested: Click or tap here to enter text.Will additional support be requested from another company/organization? [ ]  No [ ]  YesIf yes, please describe support requested and/or received for this study: Click or tap here to enter text. |

By signing this form, I agree that:

[ ]  I am the sponsor and investigator for this proposed study, and

[ ]  This is my original study idea, and

[ ]  I have and will retain independent control over the proposed study.

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| **Investigator Signature** | **Signature Date** |