



ON-Q Investigator Initiated Research Request

Date of Request:				
Investigator Contact Name:				
Address:				
Phone (Office):		Phone (Cell):		
Fax:		Email:		
Administrator Name		Phone:		
Reason For Study: (Summarize Trial)				
Primary Endpoint(s)		Requested Funding \$ (total)		
Estimated Cost/Patient:	Estimated # of Pts	Quantity Pumps Needed	Pump Model Number	
Primary Inclusion Criteria		Primary Exclusion Criteria		
Applicable References (attach as needed)		Estimated Duration of Study		
Resources Required If yes, add detail below				
	Yes	No	Completed	Comments
Protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Case Report Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IRB Approved Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Consent Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Statistical Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CV attached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Title and date of last study by investigator				
Describe your experience using ON-Q so far (# of pumps used, perceived benefits, perceived weaknesses):				

Please Fax this Completed Form to Barbara Saint John at 949-454-3933