



Clinical Research Investigator Support (CRIS) Application

Please complete all application contents. This information is REQUIRED to process your application. When completed, please email to SReitzler@vertiflexspine.com.

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The Review Process:

Vertiflex gives all CRIS applications a comprehensive review based upon scientific, business, and healthcare compliance interests. This process may take 3 to 4 weeks from the submission date to complete, and we ask for your patience. The applications are reviewed to ensure that:

- 1) The research subjects' well-being is considered of paramount importance;
- 2) Medical and ethical concerns are identified, considered, and resolved;
- 3) Proposals are original, and their objectives contribute valid scientific data to the body of knowledge;
- 4) The proposals are consistent with the educational, business, and/or research interests of Vertiflex®; and
- 5) Proposals are deemed likely to result in a peer-reviewed publication, or otherwise meet generally accepted public criteria.

Please submit all completed attachments AND a copy of your CV to SReitzler@vertiflexspine.com.



Submission Agreement

1. Study Concept Information

Investigator affirms that Investigator has no financial or proprietary interest in the product(s) or idea being studied. Investigator affirms that Investigator and Investigator's Institution have not been prohibited by law from providing clinical research services and have not been convicted of a criminal offense related to the provision of health care items or clinical research.

Investigator wishes to submit the idea described below for consideration by Vertiflex®, Inc. ("Vertiflex"). Investigator understands and agrees that this idea will be considered only under the terms and conditions set forth below and further agree that these terms and conditions shall also apply to any previous or future disclosures made by the Investigator which relate to the idea described herein.

Vertiflex does not solicit suggestions, and all submissions or disclosures of ideas are voluntary on the part of the Investigator. No confidential relationship is established or implied by Vertiflex's acceptance or consideration of the submitted material.

Investigator acknowledges that all suggestions will be submitted in writing, and Vertiflex shall have the right to retain any material submitted to it in connection with the suggestion. Ideas that are not covered by a patent shall be considered by Vertiflex only with the understanding that the use to be made of such ideas and the compensation, if any, are matters resting solely in the discretion of Vertiflex.

Patented ideas shall be considered only with the understanding that the Investigator agrees to rely for Investigator's protection wholly on such rights as Investigator may have under the patent laws. Pending applications for a patent are to be treated in the same manner as ideas not covered by a patent, as described in paragraph 3, above, unless and until a patent issues.

Vertiflex shall not be obligated to give reasons for its decision or to reveal its past or present activities relating to the submitted idea. Negotiating or offering to purchase an idea will not prejudice Vertiflex nor be deemed an admission of the novelty, priority or originality of the idea. All requests for financial funding must be consistent with Fair Market Value and will not be subject to any institutional overhead costs.

The disclosure which the Investigator makes relates to the attached Protocol.

Investigator represents and warrants to Vertiflex that, except as noted herein, the material disclosed is wholly original with the Investigator; that no interest has been granted to or acquired by others; and that Investigator has full authority to make the disclosure and to execute this release.

2. Disclosure Pursuant to Laws:

The Parties acknowledge that certain laws, such as the he Physician Payments Sunshine Act, may require medical device companies to disclose information on compensation, gifts or other



Applicant Information & Requested Support

Date:	
Investigator/Applicant (Name and Title):	
Institution:	
Institution Address:	
Relationship to Institution:	<input type="checkbox"/> Employee <input type="checkbox"/> Contract <input type="checkbox"/> Other, please specify:
Office Phone:	
Business Email:	
Preferred Contact:	
Contact Phone:	
Contact Email:	

Collaborators (List if any):

Name	Study Role

Financial Request Information:

	Type	Quantity	Cost
Financial Support Requested			
Product Support Requested			
In-Kind Service Support Requested			
List key budget items (Cash Costs, not in-kind services or products)			Cost
Total Project Cost			

Please list any additional sources of materials, data, or support requested (and cost if applicable):	
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Study Information

Project Title:	
Study Type:	<input type="checkbox"/> Clinical Trial <input type="checkbox"/> Animal Study <input type="checkbox"/> Health Outcomes <input type="checkbox"/> Lit Review <input type="checkbox"/> In Vitro <input type="checkbox"/> Registry
Study Driven By:	<input type="checkbox"/> Pilot/Feasibility <input type="checkbox"/> Hypothesis
Study Design (Choose best option):	<input type="checkbox"/> Randomized, Concurrent control with blinding (check one): <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Randomized, concurrent control no blinding <input type="checkbox"/> Non-randomized, prospective, concurrent control <input type="checkbox"/> Non-randomized, prospective, no concurrent control <input type="checkbox"/> Case series, retrospective <input type="checkbox"/> Review published trials (meta-analysis) <input type="checkbox"/> Database mining <input type="checkbox"/> Other, please describe:
Estimated Start Date:	
Estimated End Date:	
Subject Visits:	
Total Sample Size:	
Treatment Subject Count:	
Control Subject Count:	
Primary Endpoint/Objective:	
Current Status: Full Protocol Developed?	<input type="checkbox"/> Yes (attach if yes) <input type="checkbox"/> No
IRB/Ethics/Animal Use Committee Status:	<input type="checkbox"/> Not submitted <input type="checkbox"/> Under Review <input type="checkbox"/> Approved <input type="checkbox"/> N/A (please explain):

Dissemination plans:	<input type="checkbox"/> Presentation, local/regional meeting	Date:
	<input type="checkbox"/> Presentation, national/international meeting	Date:
	<input type="checkbox"/> Manuscript suitable for submission to peer reviewed journal	Date:

Describe Study Significance:

Describe Hypothesis:

Primary Endpoint:

Secondary Endpoints:

Inclusion Criteria:

Exclusion Criteria:

Study Procedures:

Steps to protect rights of study subjects:

References:

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