



CARDIODX

## INVESTIGATOR-INITIATED TRIAL PROPOSAL FORM

Investigator:	Date of Request:
Investigator information	
University/Hospital affiliation: Address: Phone: Email:	Primary Practice: Address: Phone: Email:
Please describe the research facility	
Site conducts (check all that apply): <input type="checkbox"/> NIH-funded research <input type="checkbox"/> Industry-sponsored research <input type="checkbox"/> Investigator-initiated research	Clinical research staff includes (check all that apply): <input type="checkbox"/> Investigator <input type="checkbox"/> Sub-Investigator(s) <input type="checkbox"/> Research Nurse <input type="checkbox"/> Research Coordinator <input type="checkbox"/> Other: _____
Study Background:	
Proposed Study Design/Objective:	
Enrollment Criteria:	Sample Size:  Estimated Study Duration (start-up + enrollment + follow-up):
Support needed from CardioDx (check all that apply): <input type="checkbox"/> Laboratory services (Corus <sup>®</sup> CAD test kits and analysis): # _____  <input type="checkbox"/> Grant: \$ _____ (previously approved grant budgets have ranged from \$30,000 - \$60,000, excluding Corus <sup>®</sup> CAD test kits)	
Comments:	
Publication Plan:	
Additional Comments:	

If you have any questions or would like to submit a completed form, please contact your Regional Medical Director or submit directly to: [clinicalaffairs@cardiodx.com](mailto:clinicalaffairs@cardiodx.com)