



Title:

**Investigator Initiated Study Application Form**

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Principal Investigator (PI)	
Co-Investigator(s)	
Study Coordinator	
Has the PI conducted clinical studies in the past?	
Site Name	
Phone	
Email	
Protocol Title	
Study Type	<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective
Number of Sites	
Study Objective	
Scientific Contribution	<input type="checkbox"/> New Evidence <input type="checkbox"/> Expansion of Current Evidence <input type="checkbox"/> New Patient Population <input type="checkbox"/> New Use <i>* Please note, Motus GI will not support off label use</i>
Primary Endpoint	
Secondary Endpoint(s), if applicable	
Study Design	Total number of subjects:
	Define treatment group(s):
	Subjects per treatment group:
	Subject Follow Up:
	Procedures to be conducted (please enclose schedule of assessments):
	Statistical Assumptions:
Number of Similar Patients Seen at the Participating Site(s) Per Year	
Anticipated Enrollment Rate	
Anticipated Study Timelines	
Protocol provided to Motus GI??	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target Journal for Publication	
Requested Amount of Financial Support	
Requested Amount of Product Support	



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PI's signature: \_\_\_\_\_ Date: \_\_\_\_\_