**IIS GRANT PROPOSAL APPLICATION**

| **Item** | **Description** |
| --- | --- |
| **Date of Proposal** |  |
| **Study Title** |  |
| **Principal Investigator** | Name:  Telephone:  E-mail:  Address: |
| **Co-Investigators** | *[If applicable]* |
| **Rationale, Objective, & Hypothesis** | *[Provide a brief justification for the study, study objectives, and hypothesis]* |
| **Study Synopsis** | *[Summarize the overall study design (e.g., total number of subjects, different treatment groups (if any), study treatment (including Renuvion treatment details), study visits (baseline, Procedure, Follow-up Day 1, Day 3, Day 7, Day 30, Day 90, Day 180, etc.]* |
| **Endpoints** | *[Provide study endpoints]* |
| **Device Needs** | *[Please list any device needs, if any (i.e., handpieces, generator, etc.)]* |
| **Budget Estimation** | *[Provide the total estimated budget to fund this proposed study. Add any level of detail that is currently available.]* |
| **Consultant Referrals** | *[Please list any consultant referrals needed from Apyx Medical (i.e., statistics, medical writing, IRB submission, presentation drafting, etc.)]* |

Submit this completed form by email to [clinicalresearch@apyxmedical.com](mailto:clinicalresearch@apyxmedical.com) for consideration of your proposal. If you have any questions, please contact Samantha Hannon, Senior Manager of Clinical Affairs, at 386.748.4891.