**IIS GRANT REQUEST APPLICATION**

Please provide the following information:

* Name, address, phone, and email address of investigator:
* Name of requestor’s institution:
* Title of proposed research:
* Please attach:
	+ Protocol including a brief summary of proposed research, including:
		- Objective
		- Study design
		- Number of subjects
		- Anticipated duration with anticipated study milestone dates
	+ Itemized Budget
	+ W-9
	+ IRB/EC Approval, if approval has already received. If approval has not already received, the approval may be provided after the application is submitted, once obtained.
* Please list any device needs, if any (i.e., handpieces, generators, etc.):
* Please list any consultant referrals needed from Apyx Medical (i.e., statistics, medical writing, IRB submission, publication/presentation submission, etc.):

Upon completion of the above information, please forward your request via email to:

Apyx Medical

Attn: Clinical Affairs

5115 Ulmerton Road

Clearwater, FL 33760-4004

kari.larson@apyxmedical.com

If you have questions, please call Kari Larson, MBA, Senior Director of Clinical Affairs at 801.244.0058.