

## REQUEST FOR RESEARCH GRANT/ PRODUCT DONATION

OsteoMed may provide funding of Research Grants to independent, educational, scientific or Approved Institutions/ Organizations in order to support and promote scientific knowledge, and advance research, education, and training in the field of orthopedic surgery. No direct payment will be made payable to an individual or Healthcare Professional.

To complete this request form you will need the following information:

1. Protocol (**Please attach**)
2. List of Materials (Product, Cadaver, Fixture, etc. along with a quantity and type of each product requested)
3. Ship-to address of **any items to be sent from OsteoMed**
4. Itemized budget (**Please attach**)
5. Anticipated plans for results (Publication, Presentation, White Paper)
6. Organization information
7. Valid E-mail address for communications
8. Federal Tax ID number for your organization (**\*required if requesting funding**)
9. Current IRS form W9 for Grant recipient (**\*Please attach if requesting funding**)

PART 1: RECIPIENT INFORMATION			
<b>Grant Recipient:</b> (Legal Name of Organization or Institution)		Tax Identification Number:	
<b>Contact Person Name:</b>		Title:	
<b>Address of Grant Recipient:</b>			
<b>Contact Person information:</b>	Phone:	Fax:	
	E-Mail:		
<b>Payee</b> (if different from Recipient above):			
PART 2 : PROGRAM DETAILS			
<b>Title of Research Protocol:</b>			
<b>Project Start and End Dates:</b>			
<b>Study Purpose/Objective:</b>			
<b>Amount of Funding Requested:</b>	Product Donation Only Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Total Budget:</b>	\$
<b>Ship-to-address for any product supplies/specimens:</b>			
<b>Indicate Final Study Results:</b>	Presentation <input type="checkbox"/> White Paper <input type="checkbox"/> Publication <input type="checkbox"/>		

Return completed form and documentation by email to: [researchgrants@OsteoMed.com](mailto:researchgrants@OsteoMed.com).

**Below information to be completed by OsteoMed Committee:**

Date Submitted: \_\_\_\_\_ Tracking # \_\_\_\_\_

BUVP/Date \_\_\_\_\_ Approve  Not approved

CO/Date \_\_\_\_\_ Approve  Not approved

COO/Date \_\_\_\_\_ Approve  Not approved

CFO/Date \_\_\_\_\_ Approve  Not approved

CEO/Date \_\_\_\_\_ Approve  Not approved