

IIS Support Request Form

1.	Study Title:			
2.	Principal Investigator:	Name & Title		
		Department		
		Institution		
		Address		
		Phone		Fax
email				
3.	Study Objectives:			
4.	Study Timeline:	Target Start Date		Target End Date
5.	Requested Amount:	Product	Product Name	Quantity Requested
	Funding	\$		
6.	Authorized Contract Approver(s):	Name & Title		
		Name & Title		
7.	Contracting Institution:			
8.	Funds Payable to:	[For check payments to Institution]		
9.	Attachments:	For Preliminary OCD IIS Support Review: [optional 2-step process]	For Final OCD IIS Support Decision:	
		<input type="checkbox"/> Study Proposal <input type="checkbox"/> Investigator CV <input type="checkbox"/> High Level Budget [if funding requested]	<input type="checkbox"/> Protocol <input type="checkbox"/> Investigator CV <input type="checkbox"/> Detailed Budget [if funding requested]	
		For US studies: <input type="checkbox"/> Form W-9 Request for TIN		
		For Outside US Studies: <input type="checkbox"/> Form W-8BEN		
10.	Planned Publications:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list publication plan:		
11.	Comments:			
12.	Requested by:	Printed Name & Title		
		Phone		email
		Fax		
		Date:		

For OCD Use Only

Date Received:		IIS Number assigned:	
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Instructions to Principal Investigators:

1. Provide complete information requested in Sections 1 through 12 in the spaces provided.
2. Enclose the documents requested in Section 9 according to the OCD review process option preferred.
 - a. **For an optional 2-step preliminary OCD IIS support application review**, please submit the following documents at a minimum:
 - Study Proposal
 - Investigator CV
 - High Level Budget if funding is requested

Note: This process will require a second submission of remaining documents required by the final OCD application review process before IIS support may be granted.

- b. **For a final OCD IIS support application decision**, please submit the following documents at a minimum.
 - Protocol
 - Investigator CV
 - Detailed Budget *if funding is requested*
 - Form W-9 Request for Tax ID Number *for US studies only*
 - Form W-8BEN for US Tax Withholding *for Outside US Studies only*

Note: Tax forms are available at www.irs.gov.

- c. Ensure documentation includes the following information requirements as applicable:

Study Proposal: Study objectives, background and rationale, disease stage, clinical population description and size, testing plan

Protocol: Study objectives, background and rationale disease stage, clinical population description & size, study site(s), informed consent and other ethical considerations, testing procedures, endpoints, risk analysis, statistical analysis plan

High Level Budget: Total funds

Detailed Budget: Itemized costs, reasonable overhead [typically $\leq 25\%$], and desired payment schedule

Note: Itemized costs must exclude PI salary and funding to design the study or develop the protocol. The overall study plan must not involve OCD personnel to design the study, develop the protocol, monitor or conduct the study, or perform statistical analysis or technical/ medical writing.

3. Submit completed request form and required documents to:

IIS Administration Office
Ortho Clinical Diagnostics
1001 US Route 202N
Raritan, NJ 08869

or email to IISOTV@its.jnj.com.

4. If you have any questions regarding the IIS Support Request Form, please contact the OCD Franchise IIS Administration Office at IISOTV@its.jnj.com.