



Investigator Sponsored Trial Application Form

Contact: Research.Grants@Lantheus.com Phone: (800) 223-4051 Fax: (978) 436-7506	<b style="color: red;">Internal use only Clinical Grant Number: _____ Date Received: _____
Name of Grant Requestor: _____ Institution: _____ Address: _____ _____	
Grant Check Payable to: (if different from above): _____ Address to Send Grant Check: _____ _____	
Grant Amount: \$US _____ Tax ID #: _____ (Enter N/A if request is for Drug Support only)	
Contact Name: _____ Contact Phone: _____ Contact Email: _____ Contact Fax: _____	
Product which is subject of study: <input type="checkbox"/> Cardiolite® (Kit for the Preparation of Technetium Tc99m Sestamibi for Injection) Number of Doses: _____ <input type="checkbox"/> DEFINITY® Vial for (Perfluten Lipid Microsphere) Injectable Suspension Number of Vials: _____ <input type="checkbox"/> Neurolite® (Kit for the Preparation Technetium Tc99m Bicisate for Injection) Number of Doses: _____	
Type of Study: <input type="checkbox"/> Clinical <input type="checkbox"/> Pre-Clinical (Animal/Lab) Timeframe for execution of study: _____ Study Title: _____ _____	
The Research Review Committee will evaluate each concept proposal/full protocol for: <ul style="list-style-type: none"> <li style="width: 33%;">• Scientific Merit/Medical Importance <li style="width: 33%;">• Approach/Methods <li style="width: 33%;">• Appropriate Study Size <li style="width: 33%;">• Investigator/Site Qualifications <li style="width: 33%;">• Budget <li style="width: 33%;">• Regulatory Requirements 	
Application must be accompanied by the following (see below for a description): <ul style="list-style-type: none"> <input type="checkbox"/> Letter of Request/Introduction <input type="checkbox"/> Proposal or Protocol Where applicable, please also include: <ul style="list-style-type: none"> <input type="checkbox"/> Study Budget <input type="checkbox"/> Signed and Dated CV <input type="checkbox"/> Current Medical License <input type="checkbox"/> IRB / Ethics Board / IACUC Approval <input type="checkbox"/> Informed Consent <input type="checkbox"/> FDA Form 1571 / 1572 <input type="checkbox"/> Investigator Training Documentation 	
_____ Signature of Grant Requestor: _____ Date: _____	

At a minimum, you must provide the following:

“Letter of Request/Introduction” that includes:

- A summary of the study along with plans to collect, analyze, and prepare a report and publication of the results
- Projected timing of study start in relation to IRB/Ethics Committee/IACUC review cycles
- FDA or Health Authority requirements and plans to comply with regulations, as outlined in the FDA Form 1572
- Institutional oversight and planned monitoring of the study
- An overview of your research team
- Funding sources
- The “Letter” must be written on Department letterhead of the grant requestor and be signed by requestor

You may submit a concept proposal or detailed protocol for review:

Concept Proposal, a short 2-4 page summary that includes:

- Study Design
- Objectives & Endpoints
- Number of patients or animals to be studied
- Inclusion & Exclusion criteria
- Dosing & Imaging plans
- Study procedures & plans to collect safety data

Detailed Protocol must include all the items noted in the concept proposal above but in greater detail, at the level to submit for Institutional IRB/Ethics/IACUC review. A detailed protocol must also include:

- Background/Introduction
- Detail on study drug administration, planned dosing, total dose
- Patient monitoring and SAE reporting
- Statistical analysis plan to support the sample size calculation and endpoint analyses
- Plans for study oversight and data monitoring

The following documents should accompany a detailed protocol:

- Draft/Approved Informed Consent (IC) reflective of the study procedures and product risk/safety profile as noted in the package insert. Lantheus Medical Imaging should not be listed as the sponsor in the IC
- If funding is requested, an itemized study budget
- Signed and dated CV of principal investigator, current within 1 year
- Copy of current Medical License, if applicable
- Signed and dated FDA Form 1572, if applicable
- Signed and dated FDA Form 1571, if applicable
- Documentation of completion of your institution’s investigator training

Important Points to Consider:

- If the study is viewed favorably by the Committee, grant support is contingent upon execution of an Agreement
- Lantheus Medical Imaging is NOT the study Sponsor and should not be reflected as such in any document. If necessary, Lantheus may be identified as providing a research grant for the conduct of the study
- Responsibilities of the investigator include all SAE reporting, drug accountability, posting and maintaining study on clinicaltrials.gov and responding promptly to requests for study updates