# Study protocol proposal form

**Dear Researcher,**

FKG Dentaire Sàrl aims to support state of the art research answering clinical and scientific questions regarding our products and their related applications. This contributes to enhance the understanding of FKG’s products and their related therapeutic area, thus improve patient care.

**Who is eligible for this program?**

Any dental professional who is interested to perform scientific or clinical studies involving products from FKG Dentaire Sàrl.

**How does it work?**

Complete this Study Protocol Proposal Form and send it back to FKG’s Clinical Affairs Manager, through our general email info@fkg.ch , or through our website’s contact form on [www.fkg.ch/studies](http://www.fkg.ch/studies) .

All proposals are reviewed monthly by FKG’s Study Review Committee. You will then be contacted for further steps.

# Administrative Information

**Title:**

[ ]  Prof. [ ]  Dr. [ ]  Ms. [ ]  Mr. [ ]  Other: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **First name:** |  | Surname: |
|  |  |  |
| **Institution affiliation:** |
|  |
| **Phone:** |  | **Mobile:** |  | **Email:** |
|  |  |  |
| Address: |
|  |

Are you the principal investigator? [ ] Yes [ ] No.

If no, please indicate the contact information of the principal investigator:

**Title:**

[ ]  Prof. [ ] Dr. [ ]  Ms. [ ] Mr. [ ]  Other: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **First name:** |  | Surname: |
|  |  |  |
| **Institution affiliation:** |
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| **Phone:** |  | **Mobile:** |  | **Email:** |
|  |  |  |
| Address: |
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# Study Details

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| --- |
| Title of the study: |
| Aim (Explain the problematic / research idea that you would like to investigate): |
| Expected results: |
| Study design:[ ]  In vivo [ ]  Ex vivo [ ]  In vitro [ ]  Other (please specify below): |
| Groups: |
| Sample size: |
| Inclusion criteria (if applicable): |
| Exclusion criteria (if applicable): |
| Study timeline:Start of the study (MM.YYYY):Manuscript submission (MM.YYYY):Expected end of the study (MM.YYYY): |
| Study team members (indicate information on other co-investigators): |
| First name & surname: | Affiliation: | Function: |
|  |  |  |
|  |  |  |
| Related literature (if applicable): |
| Study protocol (indicate detailed Materials & Methods information or add a study protocol as an annex): |

# Support terms

|  |
| --- |
| **Support requested:**[ ]  Product donation [ ]  Financial [ ]  BothIndicated the detailed request (e.g. number of instruments, references, budget, …): |
| Publication of the results:[ ]  Yes [ ]  NoIf yes, please indicate the targeted journal: |
| **Will the results be presented during conferences as presentation/abstract/poster?**[ ]  Yes [ ]  NoIf yes, indicate the targeted conference(s): |
| Are/will other support/grant be requested:[ ]  Yes [ ]  NoIf yes, indicate the sources of support/grant: |

# Signatures

|  |  |  |
| --- | --- | --- |
| **First name & surname of the principal investigator:** |  | **Date:** |
|  |  |  |
| **Signature:** |
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