

Independent Research Grant

Contact Information

1. First Name
2. Last Name
3. Job Title
4. Title
5. Degree
6. Email Address
7. Primary Phone Number
8. Secondary Phone Number
9. Street Address
10. Department, Floor, Suite or Room
11. City
12. State
13. Province
14. Postal Code
15. Country

Organization Information

1. Organization Name (Legal Name)
2. Organization Type
3. Primary Organization Focus
4. Tax ID number
5. Is your organization part of a larger parent organization?
6. If Yes, please include Parent Company Tax ID
7. Are you or one of your parent or sister organizations involved in developing or executing any of Bausch & Lomb's promotional programs?
8. If Yes, please describe your organization's firewall policy separating promotional programs from your educational programs.
9. Is your organization now or has it ever been convicted of any crimes or excluded from participation in government funded healthcare programs?
10. If Yes, please provide details as to the nature and reason for the criminal conviction and/or exclusion and your organization's current status.
11. To the best of your knowledge, has your organization ever received any grant or charitable contribution from Bausch & Lomb during the past five years?
12. If Yes, please provide the dates, locations and descriptions of the grants or charitable contributions and the amount of Bausch & Lomb funding for each.
13. Are you now, or have you ever been, a consultant for, or employee of, any medical device or pharmaceutical company?
14. If Yes, please list the names of each company and the dates that you were affiliated with them.
15. Are you currently receiving or seeking financial support from any governmental or other commercial organization for this Research Activity?
16. If Yes, please list these governmental and commercial organizations.
17. If your Research Activity involves the use of human subjects, please indicate what independent review board or ethics committee to which you will be reporting.

Primary Investigator Information

1. Primary Investigator First Name
2. Primary Investigator Last Name
3. Primary Investigator Job Title
4. Primary Investigator Title
5. Primary Investigator Degree
6. Primary Investigator Email Address
7. Primary Investigator Phone Number
8. Primary Investigator Secondary Phone Number
9. Primary Investigator Street Address
10. Primary Investigator Department, Floor, Suite or Room
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12. Primary Investigator State
13. Primary Investigator Province
14. Primary Investigator Postal Code
15. Primary Investigator Country

Research Activity Information

1. Study Title
2. Provide a brief description of the research activity for which the Independent Research Grant will be used.
3. Hypothesis
4. Objectives
5. Background and significance of proposed research
6. Study design
7. Duration of study
8. Statistical analysis plan including sample size justification and power analysis
9. Specific drug/device supply requirements (Name of drug(s)/device(s), dosages and requested amounts)
10. Itemized budget
11. References
12. Publication/presentation plan
13. Minimum Funding Range
14. Maximum Funding Range
15. Please provide any additional information regarding your requested funding range.
16. The requested Independent Research Grant is not intended as a price term or in place of a price concession. (You are confirming that your Independent Research Grant request is not linked to pricing for any Bausch & Lomb products.)
17. The requested Independent Research Grant is not contingent on the purchase of any Bausch & Lomb products and is not intended to encourage the recipient to purchase or recommend Bausch & Lomb products.
18. To the best of my knowledge, the information contained in this form is true and this is a legitimate request for an Independent Research Grant.
19. By clicking "I Acknowledge" below, I confirm my understanding that should an Independent Research Grant be awarded, I will be required to execute a contract with Bausch & Lomb.