The following is a guideline for the type of data that should be collected using the MAP request form.

Please submit the request to [studyrequest@smith-nephew.com](mailto:studyrequest@smith-nephew.com)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date Completed: | Completed by: | | | | | |
| Investigator name: | Institution: | | | | | |
| Investigator Specialty(ies)/Area of Practice: | | | | | | |
| Mailing Address: | | | | | | |
| Email Address: | | | | | | |
| Office Phone: | Mobile/Cell Phone: | | | | | |
| Other Contact (if any): | Title: | | | | | |
| Mailing Address (if different from above): | | | | | | |
| Email Address: | | | | | | |
| Office Phone: | Fax: | | | | | |
| Would you like this person copied on all print/electronic communications? | | | | Yes | | No |
| Contact person name from Smith & Nephew: | | | | | | |
| **Study/Manuscript/Abstract Information** | | | | | | |
| Study Title: | | | | | | |
| Target Journal(s) and/or Conference(s) for publication: | | | | | | |
| Market product(s) or procedure investigated (please use full market name[s] and manufacturer if non-S+N): | | | | | | |
| What is the main objective of the study/manuscript/abstract? | | | | | | |
| What was the primary endpoint for this study? How was it measured? | | | | | | |
| What were the secondary endpoints for this study (if available)? How were they measured? | | | | | | |
| Countries where study was conducted: | | | | | | |
| Was the study compliant to all local and regional/national regulations? | | | | | | |
| Study design (e.g., retrospective, prospective, randomized): | | | | | | |
| Comparison group(s) if any: | | | | | | |
| Approximate sample size: | | | | | | |
| Define all visit time points when subjects were seen (when available) for the study – (e.g., pre-op, op, discharge, 1, 3, and 6 months): | | | | | | |
| Institutional Review Board/Independent Ethics Committee approval of the study? | | Yes (please provide with proposal) | No | | Waiver | |

|  |  |
| --- | --- |
| **MILESTONES** | |
| Please complete the anticipated dates for following milestones for the study: | |
| **Milestones** | **Anticipated dates** |
| 1. Contract execution |  |
| 1. Manuscript/Abstract Submission |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget** | | | |
| **Manuscript/Abstract Preparation** | **Hours** | **Cost per Hour** | **Total** |
| Manuscript/Abstract preparation service |  |  |  |
| Principal Investigator |  |  |  |
| Biostatistics support |  |  |  |
| Other costs, please specify: |  |  |  |
| Total manuscript/abstract preparation budget  (Please specify currency) |  |  |  |