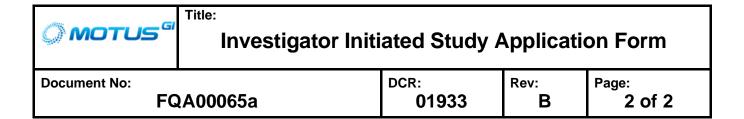


Title:

Investigator Initiated Study Application Form

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Principal Investigator (PI)		
Co-Investigator(s)		
Study Coordinator		
Has the PI conducted clinical studies in the past?		
Site Name		
Phone		
Email		
Protocol Title		
Study Type	☐ Prospective ☐ Retrospective	
Number of Sites		
Study Objective		
Scientific Contribution	 New Evidence □ Expansion of Current Evidence □ New Patient Population □ New Use * Please note, Motus GI will not support off label use 	
Primary Endpoint		
Secondary Endpoint(s), if applicable		
	Total number of subjects:	
	Define treatment group(s): Subjects per treatment group: Subject Follow Up:	
Study Design		
	Procedures to be conducted (please enclose schedule of assessments):	
	Statistical Assumptions:	
Number of Similar Patients Seen at the Participating Site(s) Per Year		
Anticipated Enrollment Rate		
Anticipated Study Timelines		
Protocol provided to Motus GI??	☐ Yes ☐ No	
Target Journal for Publication		
Requested Amount of Financial Support		
Requested Amount of Product Support		



PI's signature: D	Date:
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