
Oxford Immunotec Ltd, a Revvity company
143 Park Drive, Milton Park
Milton, Abingdon
OX14 4SE

researchstudies@oxfordimmunotec.com

Dear Clinical Affairs,

We would like to submit an investigator initiated clinical study to Oxford Immunotec for consideration of support. The clinical study, “ _____ ”, investigates the _____ . Our hypothesis is _____ . The study will include _____ patients (see accompanying protocol for details) and require approximately _____ time to completion. To support the study we are requesting (service, kits, personnel, overhead) _____ to be provided by Oxford Immunotec. We will provide Oxford Immunotec with the clinical data and involve Oxford Immunotec in the data analysis and dissemination of the data in the form of abstracts, presentations and publications.

Sincerely,

Complete form on next page



Investigator Led Study Proposal

All fields are required. An incomplete form will be returned to the submitter.

If a field is not completed, please note the reason.

Proposed Study	
Title:	
Request Date:	
Principal Investigator Contact Information	
Name:	
Title:	
Address 1	
Address 2	
US ONLY: City, ST, Zip	
Outside US: Postal Code, City, Country	
Phone/Fax:	
E-mail:	
Institution Contact Information	
Name:	
Address 1	
Address 2	
US ONLY: City, ST, Zip	
Outside US: Postal Code, City, Country	
Phone/Fax:	
Website:	

Study Information

Background and Rationale

Provide background on unanswered question(s) the study is attempting to answer (do not exceed one page)

Hypothesis

List the clinical hypotheses in order of priority:

Objectives

Study Design/Clinical Plan

Provide the experimental design, inclusion/exclusion criteria, potential adverse effects, etc.

Statistical Plans

Include justification for clinical sample size and primary hypothesis testing:

Timelines and Study Plans

Number of Sites:

Site Names:

Number of Subjects:

IRB Meeting Date:

Budget Summary

Total Amount Requested
from Oxford Immunotec:
(Include overhead)

In-kind Support:

Which T-SPOT kit?			Amount
DPBS?	Yes	No	Amount
RPMI?	Yes	No	Amount
AIM-V?	Yes	No	Amount
Leucosep tubes	Yes	No	Amount
T-Cell <i>Xtend</i>	Yes	No	Amount
T-Cell <i>Select</i>	Yes	No	Amount

Other:

Personnel:

Overhead:

Other:

Additional sources of funding required? (Yes/No) If Yes, please be specific.	
Publication Plan	
Are you planning to present your data at a scientific meeting?	
Where are you planning to submit for publication? (journals, etc.):	
Please list your target date for submission of publication.	

Is a third party involved and if so, who?:

Please submit both the cover letter and study protocol to Revvity IDx Clinical Affairs at researchstudies@oxfordimmunotec.com