



Research Concept Statement

1. TITLE OF PROPOSED PROJECT:

2. NAME OF APPLICANT (*last, first, middle*):

3. POSITION/TITLE OF APPLICANT:

4. NAMES OF ANY CO-INVESTIGATORS:

5. INSTITUTION/ ORGANIZATION NAME & MAILING ADDRESS (*street, city, state or province, postal code, country*):

6. TEL / FAX (*country code, area code & extension*):

TEL:

FAX:

7. EMAIL ADDRESS:

8. FINANCE OFFICER TO BE NOTIFIED IF AWARD IS MADE:

Name:

Title:

Tel:

Fax:

E-mail:

9. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION:

Name:

Title:

Tel:

Fax:

E-mail:

10. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge.
INSERT SIGNATURE HERE OF INDIVIDUAL NAMED IN SECTION 9.

11. AEGERION CONTACT NAME:

PROJECT ABSTRACT

PROJECT DURATION:

START DATE:

COMPLETION DATE:

REQUESTED FUNDING:

STUDY DESCRIPTION -- DO NOT EXCEED 500 WORDS

IS THIS A CLINICAL TRIAL? YES NO

IF YES, PLEASE INDICATE THE FOLLOWING: SINGLE SITE MULTIPLE SITE

IF MULTIPLE SITE, PLEASE LIST ALL COUNTRIES:

STUDY RATIONALE:

HYPOTHESIS:

OBJECTIVES:

STUDY POPULATION, SAMPLE SIZE, AND KEY ENTRY CRITERIA:

STUDY DESIGN:

ENDPOINTS:

TREATMENT REGIMEN:

% OF TIME DEDICATED TO TRIAL (APPLICANT AND CO-INVESTIGATORS IF APPLICABLE):

ESTIMATED QUANTITY OF PRODUCT NEEDED:

PLEASE ATTACH CV (INCLUDING BIBLIOGRAPHY)