



SCOPE OF STUDY APPLICATION

Sponsoring Company/Individual: _____
Representative: _____

Contact Information:

Phone: _____ Alternate Phone: _____

Fax: _____

E-mail: _____

Address: _____

Collaborating Gavin Herbert Eye Institute Faculty Member (must be designated by applicant and agreed to with Faculty Member prior to application): _____

Contribution

The planned study is anticipated to contribute to the understanding or treatment of eye or vision functioning and/or disorders. Additional contributions are listed below.

- 1.
- 2.
- 3.

Collaborators

- | Name | Affiliation/Organization |
|------|--------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Work Sites

- 1.
- 2.
- 3.

Major tasks/projects, timeline, deliverables

Tasks (circle applicable) etc)	Timeline	Deliverable (report, presentation
1. Literature Review		
2. Laboratory Study		
3. Data review		
4. Animal Study*		
5. Clinical Study*		

*requires additional approvals from appropriate UC Irvine Committees

12-Month Budget

Total (circle)	\$25,000	\$50,000
Indirect (20% of total)	5,000	\$10,000
Direct	\$20,000	\$40,000

Study Product

List all drug(s) and/or devices supplied by the sponsoring company for use in this project:

- 1.
- 2.
- 3.

Brief Protocol/Narrative

If this work includes a separate animal or human study protocol, please list the protocol number(s) below. If there is no other protocol describing the work to be done, please provide a brief description of the protocol.
