

Stryker Research Grant Application

Stryker Canada (“Stryker”) is committed to supporting bona fide medical research to advance the progress of medical science and improve patient care, in a manner that complies with all ethical and legal requirements.

Applicant Information

Name:

Institute Name:

Address:

City:

Province:

Postal Code:

Grant Request

- Amount of Research Grant Requested: \$ _____
- Equipment Loan Request (please attach list of equipment required)
- Disposable Equipment Donation Requested (please attach list of disposables required including quantity)

Cheque to be made payable to: _____
(must be institution or foundation)

Required Documentation

Please ensure the following documentation has been included in your submission (tick items included)

- Outline of your research proposal including milestones
- Outline budget for the research
- Letter on institution letterhead outlining research request with signature
- A copy of the lead investigator’s current CV (within the last 6 months)

Terms & Conditions of Stryker’s Research Grant Program

You agree that, if the grant is awarded, it shall be used solely for payment of bona fide expenses in conducting the research described above and shall not be used directly or indirectly for any other purpose. Further, you agree that the Grant shall not be used to support or fund, directly or indirectly; (1) entertainment of any kind, (2) the travel or lodging of any healthcare professionals, or (3) any other matter not permitted herein.

You acknowledge that your organization has policies and procedures in place to ensure decisions regarding purchase of medical products and the referral or recommendation of potential customers or products are not based on whole or in part on the receipt of financial support or other remuneration from a supplier or vendor.

Stryker reserves the right to audit your use of the Grant, and you agree to grant reasonable access to your books and records at reasonable times to conduct such audit. During the course of the research, Stryker may ask for an update on the current status by requesting documentation.

This document does not constitute a confirmation of grant approval. You will be notified by Stryker Canada, in writing, of the acceptance or denial of this grant application. In order to approve your application, we will require that you sign in the space indicated below and return it to **Sarah Evans** at the address below within 6 weeks of the start date of the research.

I have the authority to apply for a Research Grant from Stryker Canada and accept and agree to the terms and conditions set out above:

The undersigned hereby certifies to the above:

Applicant's Signature

Print Name and Title

Date

Process Information

Please note that any information submitted (other than pre-printed materials) should be on letterhead from the requesting institution/sponsor. No application will be considered for approval unless the application is complete, including all required documentation. Applications cannot be made for research that has already occurred. Applications must be submitted directly to the Professional Affairs department via fax email or mail. You will receive a response within 3 weeks from the date received by Stryker.

Contact Information:

Sarah Evans
Professional Affairs Associate
Stryker Canada
45 Innovation Drive
Dundas, Ontario, L9H 7L8
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Fax: 905 690 5726
Email: sarah.evans@stryker.com