Research Proposals are accepted based on scientific, medical, and health economic merit and alignment with GE Healthcare’s strategic research needs and shall in no way be linked to any commercial relationship or the value of any past, present or future commercial deal.

Thank you for your interest in support from GE Healthcare for your Investigator Sponsored Research Study. To determine alignment with GE Healthcare’s research goals and strategy, please provide the information outlined below and submit to our Research Manager at [Jocelyn.miller@ge.com](mailto:Jocelyn.miller@ge.com).

**Important notice to all investigators regarding data:**

By providing deidentified data or any study deliverable you permit GE to use that deliverable for purposes including, but not limited to, machine, technical, systems, usage and related information (“Source Data”) to facilitate the provision of Products and/or Services to customers and for research, development and continuous improvement of GE Healthcare’s products, software and services.

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| **STUDY DETAILS** |

**Study Title**:

**Principal Investigator (PI) Name and Title**:

**Contact Email and Phone Number**:

**Institution Name**:

**Institution Address**:

**Proposed Start Date**:

**Estimated Study Duration**:

**Estimated Number of Subjects:**

**Research Theme:** 🞎 Nursing Time Savings 🞎 Improved clinical outcomes due to ambulation behavior

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| **STUDY PLAN** |

**BACKGROUND** (Why is this topic clinically or scientifically important?)

**STUDY HYPOTHESIS & AIMS** (What is the purpose or goal of this research? Identify specific aims, objective or hypothesis)

**METHODS** (How will the study be conducted? Include an estimated timeline of activities if possible.)

*Study population / demographics: (include confirmation of this population at your site)*

*Inclusion/exclusion criteria:*

*Study duration:*

*Statistical analysis: (sample size, power calculation, plans for data analysis)*

**RESULTS** (How will this research impact others? Where are the results planned to be presented or published? Will any software tools or models be developed?)

**ANTICIPATED DELIVERABLES:**

PUBLICATIONS: To what journal(s) do you plan to submit?

PRESENTATIONS: At which conferences do you plan to present?

CASE STUDIES:

DATA: What data will you provide to GE Healthcare?

ECONOMIC

CLINICAL

USER FEEDBACK / SURVEY

**PROPOSED BUDGET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Institution Personnel Costs Subject to F&A:** | | |  |  |  |  |
| **Name** | **Role** | **Duration (months)** | **% Effort** | **Base Salary** | **Benefit Rate** | **Sub-Total** |
| N/A |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **Name** |  | **# Hours** | **Hourly Rate** |  |  |  |
| N/A |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **Total:** | **$0** |
| **Institution Other Costs Subject to F&A** | |  |  |  |  |  |
| **Item** |  | **Unit** | **#** | **Cost/Unit** |  | **Sub-Total** |
| N/A |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Other Costs Subject to Indirects** |  |  |  |  | **Total:** | **$0** |
| **Facilities & Administration (F&A):** | |  |  |  |  |  |
| **F&A rate** | **Costs Subject to F&A** |  |  |  |  |  |
| N/A | $0 |  | |  | **Total:** | **#VALUE!** |
| **Institution Other Costs Not Subject to F&A:** | | |  |  |  |  |
| **Item** |  | **Unit** | **#** | **Cost/unit** |  |  |
| N/A |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **Total:** | **$0** |
|  | | |  |  | **Grand Total:** | **#VALUE!** |
|  |  |  |  |  |  |  |
| **Narrative** |  |  |  |  |  |  |
| **Personnel** |  |  |  |  |  |  |
| Name | Specialty | Role in Project | | | | |
| N/A |  |  | | | | |
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| **Non-Personnel** |  |  |  |  |  |  |
| Item | Description | | | | | |
| N/A |  | | | | | |
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