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| **Name of Institution or Organization:** |  |
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| **Grant Information** |
| **Research Title:** |  | **Is This an Amendment to an Approved Grant?** | **Yes No** |
| **Date Funds are Requested:** | **(MM/DD/YYYY)** |
|  **Study Concept &  Funding Request** | Please attach a reasonably detailed description of the research program for which funding is requested; including primary objective, study design, inclusion/exclusion criteria, treatment regimen, duration, outcome measures, lab tests.Please also include information on proposed publication plan.Indicate if drug supply is requested, including quantity and duration of treatment.Please provide a detailed program budget with your funding request.Also include a CV of the principal investigator, and any relevant publications. |

**Return to Investigator Sponsored Research Committee** **researchgrants@travere.com****.**

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