**TRAVERE**

**THERAPEUTICS**

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| **Travere Therapeutics Sponsor (if applicable)** | | | | | | | |
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| **Location:** |  | | | | | | |
|  | | | | | | | |
| **Phone:** |  | | **E-mail Address:** | |  | | |
| **Grantee (Requestor) Information** | | | | | | | |
| **Name of Institution or Organization:** |  | | | | | | |
| **Organization Type:** | (e.g., governmental, academic institution, private hospital, research organization, etc.) | | | | | | |
| **Address:** |  | | | | | | |
| **Investigator Contact Name & Title:** |  | | **E-mail Address:** |  | | | |
| **Phone:** |  | **Other Phone:** | |  | | | |
| **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**](mailto:researchgrants@travere.com)**.**

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