

How to apply for an Investigator Sponsored Study (ISS) via CyberGrants

Where to Start

1. All Investigator Sponsored Studies (ISS) regardless of study location start here:
go.bd.com/global-external-funding-program.html
2. Click either to apply for ISS Concept or ISS Full Application.
3. For purposes of this document, we are showing the steps for an ISS Full proposal
4. Create a login/password and choose "Click here to add a new organization to your account"

FYI - Once the applicant returns to CyberGrants this information will be saved and they won't need to enter the Organization information again unless something needs to be changed or they want to enter a different organization.

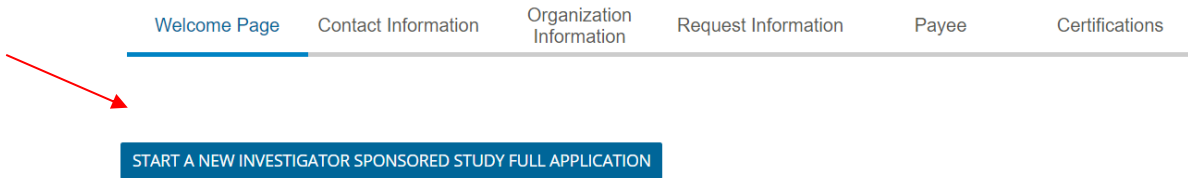
Please note this is where we inform the applicant what is needed to complete an application. For a Full ISS proposal, the applicant will need:

- Organization NPI (US Only)
 - Primary Investigator contact information, state license, and NPI (NPI is for US Only)
 - Publication plan
 - Costs (direct and indirect)
 - Budget (**USD**) – must convert to US dollars
 - Recently completed W9 (US Only)
 - Curriculum Vitae (current or within 2 years)
 - Full Study Protocol in **English - must provide full protocol in English**
 - Statistical Hypothesis
 - Grant start/end dates
5. Enter the Organization and Name and Zip Code. Click Save.

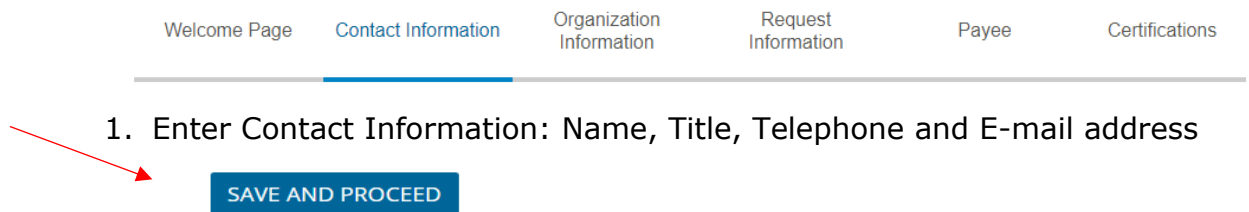
Application Sections

The application is divided into 6 sections. The heading will change as you move through the application

Welcome Page: Details of what is required is provided here. First time users should click as shown below.



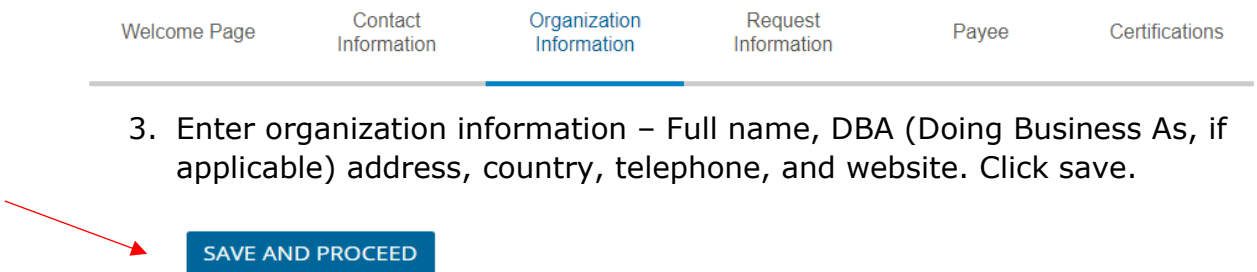
Contact Information:



1. Enter Contact Information: Name, Title, Telephone and E-mail address

2. Check the box to verify the information and click save and proceed

Organization Information:



3. Enter organization information – Full name, DBA (Doing Business As, if applicable) address, country, telephone, and website. Click save.

Request Information:

Welcome Page Contact Information Organization Information **Request Information** Payee Certifications

- Study Title
- Number and Names of Principal Investigators
- Research setting - single or multi-site
- Research country/countries – is there more than one country involved
- Region
- Qualification of the organization to conduct research
- Funding decision need by date
- **BD Business Unit – (critical part of our internal routing of work)**
- Research Type - Clinical Trial or other research
- Main Objective - 4000 character maximum
- Publication Plan - 4000 character maximum
- Support Type – Product, Financial or Both
 - All financial information must be in **USD**
 - Direct Labor Costs
 - Direct Study Costs
 - Institution Overhead Subtotal
 - Indirect Costs Subtotal
- Upload Program Budget
 - Before submitting your budget, please ensure that all study-related expenses have been appropriately identified, itemized and are commensurate with fair market value. BD is dedicated to complying with legal requirements for full transparency and due diligence around all financial interactions with healthcare professionals, their institutions and related organizations). Please ensure budget includes costs of individuals who will work on the study with estimated hours and reasonable hourly rates for their time.
- Have you requested funding from other sources? Yes/No
- Completed W9 Form – US Applicants only
- Upload Curriculum Vitae of the Investigator, sub-investigator and Study Coordinator (if applicable)
- Upload Full Study Protocol, to include:
 - Background information, including literature review
 - Research rationale and objectives
 - Description of the patient population to be studied
 - Target enrollment
 - Number of independent investigators and sites

- Inclusion/exclusion criteria
- Primary endpoints/outcomes
- Secondary endpoints/outcomes
- Statistical hypothesis (where applicable) and full description of the statistical method that will be used to generate data in the study report and publication
- Statistical Hypothesis
 - Full description of the statistical method that will be used to generate data in the study report and publication – 4000 Character maximum
- Grant Term Start
- Grant Term End
- Click save and proceed



Payee:

Welcome Page Contact Information Organization Information Request Information **Payee** Certifications

- Payee Name, Address, City, Providence, Country, State/Providence, Postal Code



Certifications:

Welcome Page Contact Information Organization Information Request Information Payee **Certifications**

- Terms and Conditions
 - By signing below, I am confirming the accuracy of the information in this grant request accurate, supports bona fide research activities and is not tied directly or indirectly to past, present or future purchases of BD products, services or solutions. Applicant must click below to agree.
 - I agree
 - **Privacy Policy** – Must click to open the Privacy Policy.
 - I have read and agree to the privacy policy.

Click here to read the Privacy Policy <https://impact.cybergrants.com/gdpr/>