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| **DEC9110D-4077-48C5-92E8-07C10F9DBBBC** | |
| Rheumatology I2 Program Proposal – Letter of Intent | |
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| Please answer all sections below and submit the completed form to [i2rfp@gilead.com](mailto:i2rfp@gilead.com) with the email subject heading “Rheumatology I2 Research Proposal LOI – [Principal Investigator Name, Organization Name]”. The completed Letter of Intent must be received by Gilead by **December 6, 2019**. Letters received after this date will not be accepted for consideration. If you have any questions about the application form, please ask your local Gilead Medical Scientist or email [i2rfp@gilead.com](mailto:i2rfp@gilead.com). | |
| **Section A** | **Applying Investigator/Institution Information** |
| Organization/Institution Name |  |
| Principal Investigator |  |
| Degree/Title(s) |  |
| Department |  |
| Address |  |
| City, State, Zip/Province, Postal Code |  |
| Country |  |
| Website Address (if available) |  |
| Telephone |  |
| Email Address |  |
| Curriculum Vitae attached? | Yes No |
| Is your organization currently receiving funding from Gilead or Galapagos? | Yes No |
| Has your organization applied for or received funding from Gilead or Galapagos in the past? If yes, please explain and include program name(s), amount(s), and date(s) of funding. | Yes No  Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section B** | **Executive Summary** |
| Project Title  (Do not exceed 25 words) |  |
| Project amount requested from Gilead or Galapagos (Estimate in USD currency) |  |
| List any other financial supporters of the project (Include institution or company name and amount in USD currency) |  |
| Study Type (Check all that apply) | Interventional Clinical Study Observational Clinical Study  Pathogenesis Study Patient Reported Outcomes  Personalized Medicine Proof-of-Concept (Non-RA)  Other |
| Study Population (Check all that apply) | Methotrexate-naïve  Methotrexate-IR  Biologic DMARD-IR  JAK Inhibitor-IR  Non-Clinical  Other |
| **Section C** | **Letter of Intent Details** |
| 1. **Organization/Institution Description**  * *Description should not exceed fifty words.* | |
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| 1. **Research Plan**  * *Provide an abbreviated proposal overview including background, rationale, primary objective, study design, sample size justification (if relevant), analysis plan, and study duration.* * *Describe how you see this research impacting local or broader systems in rheumatology innovation.* * *Entire plan overview should not exceed two pages.* | |
|  | |
| 1. **Curriculum Vitae**    * *Provide an abbreviated Curriculum Vitae for the principal investigator and up to two additional key co-investigators or collaborators (if applicable). Curriculum Vitae can also be sent as a separate attachment.* | |
| **By entering my name below, I hereby certify that the above statements are true and correct to the best of my knowledge.** | |  |
| Name & Title Date | |  |