Please answer all sections below and submit the completed form as an attachment in the G.Optics system as a supporting document. Any missing information or forms may jeopardize the full review of your submission and lead to disqualification from this program. Submitted Letters of Intent (LOIs) will be reviewed after the submission window is closed. Note that program funds will not be allocated per month of the submission window. If you have any questions about the program, please ask your local Gilead Medical Scientist or visit <https://www.gilead.com/science-and-medicine/research/investigator-sponsored-research> for more information.

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| --- | --- | --- |
| **Investigator/Sponsor Information** | | |
| Description of Organization/Institution | Hospital  Academic Research  Government Entity  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name of Subsite (if applicable) |  | |
| Address |  | |
| City, State, Zip/Province, Postal code |  | |
| Country |  | |
| **Proposal** | | |
| Estimated Budget Requested from Gilead  *Any proposal greater than* ***$150,000*** *should be discussed with your Gilead Medical Scientist prior to submission. Must include overhead costs and all taxes if applicable.* | |  |
| Study Design (check all that apply) | | Prospective  Retrospective  Observational  Interventional  Modelling |
| **Research Plan** | | |
| Provide your responses to Questions 1 through 5 **in the Scientific Basis/Rational Field within G.Optics**. Please limit your response in this entire section to 1,000 words. If there is a character limit in G.Optics and you are at 1000 words or less, please submit the response as an additional attachment and G.Optics fields. **Do NOT include on this form.**   * Note: Please do not a reference section  1. Scientific rationale 2. Primary objective 3. Research methods 4. Describe how you see this research impacting local or broader systems in HBV care? 5. Study Duration (in months) | | |