



**TITLE:** Investigator Initiated Studies Request Form

**FORM No.:** F-MA-002.00

**EFFECTIVE DATE:** 13 July 2023

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### Investigator Initiated Studies Request

Mycovia Pharmaceuticals, Inc. (Mycovia) will consider proposals designed to improve the scientific understanding of fungal infections and clinical research in patients in need of improved antifungal treatment options. Please note that, at this time, the Mycovia Investigator Initiated Studies (IIS) Program can only provide study products; budgetary support is not available.

**Proposed Research Concept** (check here  if you are submitting a protocol with this form)

<b>Title:</b>	
<b>Requesting:</b>	<input type="checkbox"/> Study Product/Test Article <input type="checkbox"/> Budgetary Support

### Investigator Information

<b>Full Name:</b>	
<b>Title:</b>	<b>Medical License No.:</b>
<b>Address:</b>	
<b>Email:</b>	<b>Phone:</b>

### Institution Information

<b>Name:</b>	
<b>Address:</b>	
<b>Primary Contact:</b>	
<b>Title:</b>	
<b>Email:</b>	<b>Phone:</b>

### Acknowledgements

By submitting this application, I acknowledge and agree that:

- The proposal I am submitting:
  - is non-confidential, and is independently designed without influence or specific request from Mycovia;
  - anticipates the use of study results and data by the applicant institution and investigator(s) only for non-commercial research, educational, and patient care purposes;
  - grants no rights to the applicant other than those given under patent laws and/or under any written agreement between Mycovia and the applicant institution or investigator(s).
- Institution and/or investigator will be required to enter a research contract, specifying the terms and conditions upon which any award of support, financial or otherwise, is made.
- Mycovia reserves the right to conduct current or future research similar or identical to that included in this proposal. In consideration for Mycovia's review and examination of this proposal, I hereby release Mycovia from any and all liability for use of all or any part of this proposal or the included.

<b>Investigator's Signature:</b>		<b>Signature Date:</b>	
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Please submit the completed form, protocol (if available), and the Investigator's current CV to [grants@mycovia.com](mailto:grants@mycovia.com).