



TITLE: Investigator Initiated Studies Request Form	FORM No. F-MA-002.01
EFFECTIVE DATE: 18 November 2024	PAGE: 1 of 2

Mycovia Pharmaceuticals, Inc. (Mycovia) will consider proposals designed to explore new potential therapeutic utility, 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 Investigator Initiated Studies (IIS) Program can only provide study product; budgetary support is not available.

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

Title:	
Background/ Concept/ Rational/ Hypothesis:	
Primary Objective(s):	
Patient Population/ Countries Involved:	
Patient Enrollment/ Study Duration:	
Projected Amount of Study Product:	
Requesting:	<input type="checkbox"/> Study Product

Investigator Information

Full Name:			
Title:		Medical License No.:	
Address:			
Email:		Phone:	

Institution Information

Name:	
Address:	
Primary Contact:	



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Title:	
Email:	Phone:

Acknowledgements

By submitting this application, I acknowledge and agree that:

- The proposal I am submitting:
 - is nonconfidential 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 all liability for use of all or any part of this proposal.

Investigator’s Signature:		Signature Date:	
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Please submit the completed form, protocol (if available), and the Investigator’s current CV to grants@mycovia.com.