



	Other <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Background, Rationale and Unmet Medical Need	
Hypothesis	
Objectives / Efficacy and Safety Endpoints (indicate main criteria for assessment)	<u>Aim(s) of the study:</u> <u>Primary Endpoint(s):</u> <u>Secondary Endpoint(s):</u>
Group(s) Sample Size	
Inclusion Criteria	
Length of Enrollment	
Reference Tx, Dose and Mode of Admin.	
Clinical Laboratory	Clinical Laboratory, Pharmacokinetic, or Pharmacodynamic evaluations, if applicable:
Outline of the Study (Include schematic summary if possible)	
Statistical Analyses / Assumptions	
Deliverables (publications, presentations, other) and Timelines	
Brief description of any relevant disease activity / QOL scoring measures (if applicable)	<u>Economic:</u> <u>Value:</u> <u>QOL:</u>



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All requests will be reviewed by The Medicines Company for consideration of support. Under no circumstances is The Medicines Company guaranteeing or obligated to fulfill the above request.

For MDCO Use Only

**Responsible Scientist
Recommendation:**

Support:

Don't support:

Responsible Scientist Summary:

IIT Review Team Recommendation:

Support:

Don't support: