

Investigator Sponsored Research (ISR)
General Research (GR)
申請ガイド

Ver1.3

本申請システムは、以下のページで構成されています。

- Welcome page
- Introduction
- Content Information
- Organization Information
- Project Lead/Principal Investigator(PI)
- Study Details
- Budget Details
- Payee Information/Contracting organization
- Certifications

注:テキスト入力箇所は、全て英語で記入をお願いします。

Welcome page

- 申請や申請者情報を編集するページです



EDIT PROFILE

LOGOUT

Welcome, Yang Li!

The organization you are currently associated with is test organization.

This site is intended for submitting an application for an **independent research grant**. This is a type of grant that sponsor investigator or organization is the sponsor of the research and where Pfizer provides financial and/or non-financial support for the development or refinement of specific and defined medical knowledge. If you have any questions please email GlobalMedicalGrants@pfizer.com

We recommend that you familiarize yourself with the online application before you begin. Please [click here](#) to preview the application. To create a new application, click the "Start a New Application" link at the bottom of this page. You may also save your applications now and return to work on them later. To continue work on an unsubmitted application, click the "Continue" link next to the application's Project Title. To view an application previously submitted to Pfizer, click the "View" link next to the appropriate Project Title.

Please note that all online application fields (and any uploaded documents associated with the initial application) must be completed in English.

If you have technical questions regarding this application, use the link located at the bottom of every page to contact the support team. For Grant Program Questions contact Global Medical Grants at GlobalMedicalGrants@pfizer.com.

Unsubmitted Requests

Action	Project Title	Application Date	Proposal Type	Application Amount
Continue	Project Title 🗑️	01/22/2021	Research Grant	\$0.00

Submit a Request


▶ START A NEW RESEARCH GRANT APPLICATION ◀

新規申請の場合はこちらをクリック、
保存中の申請はUnsubmitted Requestsに
あります。

[Technical Questions](#)

Introduction

- 申請する研究に対する、弊社のポリシーに合意いただく事を確認するページです

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Welcome Page Introduction Contact Information Organization Information Project Lead/Principal Investigator (PI) Study Details Budget Details Payee Information/Contracting Organization Certifications

Introduction

* indicates required field

Thank you for your interest in submitting an application. Please note this is a research application. If you do not intend to submit a research application, please return the main page and select another application.

Please note that all online application fields (and any uploaded documents associated with the initial application) must be completed in English.

When an application is selected for approval all grants are paid to the requesting organization. Please ensure the person authorized to sign an agreement on behalf of the organization, as well as the primary investigator, are listed as contacts on this application.

* Pfizer Policy on Submission of a Research Proposal

Pfizer refers grant applications to a number of colleagues working for or on behalf of Pfizer to determine if a proposal is of interest and will be supported. While Pfizer will use any information or material submitted only for internal purposes and has no intention of publicly disseminating anything submitted in connection with a grant, Pfizer assumes no obligation to keep any information or material submitted confidential. You agree that any information or material you submit to Pfizer during the grant application stage, or subsequently, is non-confidential and will not contain any markings claiming confidentiality and you acknowledge that Pfizer will not treat such information or material as confidential or assume any obligation of confidentiality.

It is Pfizer policy to consider research proposals from persons outside Pfizer upon the following conditions: 1. That the submission is not made in confidence and is not accompanied by any reservation or condition whatever which imposes upon Pfizer any obligation or restriction with regard to its use. 2. That the submitter's rights shall be only those given under the patent laws and/or under any written contract to which the submitter and Pfizer may mutually agree. 3. That the submitter is the originator of the information and materials or has been authorized by the originator to provide information and materials on their behalf.

I acknowledge that I have read the above statement "Pfizer Policy on Submission of a Research Proposal", which sets forth Pfizer's policy on the submission of proposals and ideas by persons from outside Pfizer. I agree that I am not submitting any confidential information in making this submission, and I agree to be bound by the terms and conditions set forth in the policy statement. I acknowledge that Pfizer may conduct ongoing or future research identical to my proposal or ideas. In consideration for your examining my proposal and idea, to the fullest extent allowed, I release your company from any and all liability for use of all or any portion thereof, other than infringing uses of my proposal or ideas that are protected by patent.

I agree to the Pfizer Research Submission Policy

* Financial Disclosure by Pfizer

In the interest of transparency relating to its financial relationships with investigators and study sites, Pfizer may publicly disclose the funding associated with a Research Agreement. Such reports by Pfizer may differentiate between payments made to institutions and payments made to individuals. For more information please click on the following link which will take you to [Pfizer Responsibility-Grants & Payments](#) on the Pfizer website. In addition, Pfizer reserves the right to announce the details of successful grant application(s) by whatever means insures transparency, such as on the Pfizer website, in presentations, and/or in other public media. All approved proposals, as well as all resulting materials (e.g., status updates, outcomes reports, etc.) may be posted on the GMG website and/or any other Pfizer document or site.

I agree to the Financial Disclosure Statement.

Note: Please provide the name and email address of the individual at your Organization that is authorized to sign the contract if this grant is approved. Pfizer only requires one signature. If your Organization requires an additional signature please provide that name and email address in the optional fields below.

Contract Agreement Terms

If your grant is approved, your institution will be required to enter into a written grant agreement with Pfizer. Please [click here](#) to view the core terms of the agreement. Pfizer has recently revised its grant agreement templates based on feedback from both internal and external stakeholders. Pfizer has drafted the terms of these agreements to be balanced and reasonable and to further the goals of both parties. Negotiating grant agreements requires significant resources, so please ensure that your institution (including your legal department) is able and willing to abide by these terms before proceeding with submission of your application as they will need to be accepted in their entirety.

I agree to the Contract Agreement Terms

* Authorized Signatory Name

* Authorized Signatory Email

Additional Authorized Signatory Name (Optional)

Additional Authorized Signatory Email (Optional)

Fully Executed Contract Will be uploaded if your request is approved and a contract has been signed by all necessary parties.

SAVE AND PROCEED

[Technical Questions](#)

Contact Information

- Contact Informationを確認するページです



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Contact Information

* indicates required field

Please select/create at least one contact for email communications. The Primary Investigator should be the primary safety contact.



Match: Check the box to associate this individual with this application.

Name: Yang Li

Telephone Number: 81312345678

Email Address: abcd@xxx.ac.jp


SAVE AND PROCEED

CREATE NEW

[Technical Questions](#)

Organization Information

- 申請施設の情報を入力するページです



[LOGOUT](#)

Welcome Page Introduction Contact Information **Organization Information** Project Lead/Principal Investigator (PI) Study Details Budget Details Payee Information/Contracting Organization Certifications

Organization Information

* indicates required field

* Legal Entity Name test organization 1

Practice or Private Physician Office Could your organization be classified as a group practice or an individually owned private physician practice (i.e., an independent group of physicians not affiliated with a hospital, academic institution or professional society)?

Please note that Pfizer cannot provide grants to individuals, individually owned private physician practices or informal groups which are not legal entities.

Yes

* Organization Type Higher Education

* Country Japan

* Address 1 dgddgd

Address 2 (Optional)

* City dtdtdtd

Province

* Zip/Postal Code 546454

Website Address

Organization Mission Statement: Please describe the mission or objectives of your organization.

(2000 character maximum)


申請施設の活動目的を入力してください。概略で構いません。

[SAVE AND PROCEED](#)

[Technical Questions](#)

Project Lead/ Principal Investigator (PI)-1

- Principal Investigatorの情報を入力するページです
- (?)をクリックすると、その項目の説明が表示されます

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Project Lead/Principal Investigator (PI)

* indicates required field

When completing this section, please provide professional contact information provided to you by your institution. All grant requests are made on behalf of the institution, not the individual. The information you provide will be processed by Pfizer for the purpose of evaluating applications. Please do not include any personally identifiable information unrelated to the grant request such as your personal email, home address, personal phone number, marital status, or a photo.

Please note that the PI must serve as the Primary Safety Contact.

Primary Investigator Information

* PI First Name

PI Middle Name

* PI Last Name (?)

* PI Email

* Principal Investigator (PI) is a US-licensed physician (?) For U.S. federal and state reporting purposes, if the Principal Investigator (PI) is a licensed HCP then the total research grant amount paid by Pfizer to the requesting organization will be reported to federal and state regulatory agencies as an indirect payment to the PI. If the PI is not a US-licensed HCP then the research grant is not subject to U.S. reporting requirements. Note: Compound Transfers without funding are not reportable.

* PI Address Country

* PI Address Line 1 Please be sure to include any applicable **building, suite, and/or unit number** necessary for mailed documents to reach their intended recipient(s). For clinical studies, hard copies of safety reports will require signature upon delivery.

PI Address Line 2

* PI Address City

PI Address Province

* PI Address Postal Code

PI Current Position Title

* PI Primary Degree

* Institution and Location of Primary Degree

* Completion Date of Primary Degree

* Field of Study

PI Secondary Degree

Institution and Location of Secondary Degree

Completion Date of Secondary Degree

Field of Study of Secondary Degree

Project Lead/ Principal Investigator (PI)-2

PI Positions and Honors

(4000 character maximum)

PI Contributions to Science

(4000 character maximum)

Additional PI Information

Research Support and/or Scholastic Performance

(4000 character maximum)

Co-Investigator Information

Co-PI First Name (?)

Co-PI Middle Name

Co-PI Last Name

Co-PI Primary Degree

Co-PI Email

* PI Certification I certify the information provided is accurate and complete.


I certify

SAVE AND PROCEED

[Technical Questions](#)

Study Details-1

- 申請施設の情報を入力するページです
- (?)をクリックすると、その項目の説明が表示されます
- 後述(P.13)の「Budget details」のページの前に本ページの入力を完了する必要があります



[LOGOUT](#)

Welcome Page Introduction Contact Information Organization Information Project Lead/Principal Investigator (PI) **Study Details** Budget Details Payee Information/Contracting Organization Certifications

Study Details

* indicates required field

* Project Type Indicate which of the following most accurately represents your project. For guidance, please refer to the [Project Classification Decision Matrix](#).

Investigator Sponsored Research: Pre-clinical/Clinical (Includes focus on a Pfizer Drug or Compound) ▼

* Grant Request Type Please select the items you are seeking within this request

Funding ▼

Pfizer Drug Of Interest If your study has a focus on a Pfizer drug or compound, please select the drug or drugs from the list below. If your study does not focus on a Pfizer drug please return to the Project Type question and select a General Research option. If this is a compound request please select "Compound Request" below.

Anti-PD-1 RN 888 (PF-06801591)
apixaban:PF-04652577
avelumab:PF-06834635
axitinib
azithromycin

* Primary Area of Interest Please select the Pfizer Area of Interest that is most relevant to your research. This will ensure that the appropriate group at Pfizer reviews this request

CVM - Blood Pressure/Hypertension ▼

Secondary Area(s) of Interest (?) Alopecia Areata
Atopic Dermatitis
Chronic Obstructive Pulmonary Disease (COPD)
Crohn's Disease
CVM - anti-coagulation (AFIB, VTE)

* Competitive Grant? Is this in response to a Request for Proposal (RFP)? All active RFPs can be viewed [here](#).

No ▼

* Pfizer-Sponsored Studies/Collaborations Are you involved with any Pfizer sponsored studies and/or collaborations?

No ▼

* Has your institution submitted this project for consideration to Pfizer previously?

No ▼

* Study Title Enter a brief description as this will display on your Welcome page to help you identify your submission(s).

xxxx

* Abstract Please include an abstract summary of your proposal including the Rationale, overall goal, target population, methods and assessment. Please limit this to 500 words. **NOTE:** This should be the same text that is included in your Full Proposal document that you will upload later.

Test

(2996 character(s) remaining)

* Protocol/Full Proposal [UPLOAD FILE](#)

Protocolを添付してください。
Protocolには、Version及び作成日付を
記入ください。

Study Details-2

External Identification Number Please note any External Identification Number assigned to the study by your institution

* Estimated Study Start Date Please note that the start date must be at least 90 days post submission.

* Estimated Study End Date

* Project/activity related to pain or opioids Please indicate whether or not the project/activity for which you are seeking support from Pfizer is related to or includes discussions about pain or opioids.

NOTE: To be eligible for funding, project/activity related to opioids must include components: 1) Aimed at increasing awareness of the risks of opioid addiction, abuse, and misuse; and 2) Detecting and preventing abuse, misuse, and diversion of opioids.

* Will any component of your activity/intervention offer continuing education credit?

* Research Setting Please indicate if your study is a single-site or multi-site study.

* Primary Country Site If Multi Site, please specify the Country of Primary Site from the list of countries.

Number of Sites

Additional Country Site(s) Please select indicate the additional study sites from the list of countries

Study Type Please indicate if your study is clinical or pre-clinical. Your answer to this question will impact the questions asked later in the application.

Clinical Study Type What type of clinical study?

Blinded Study? Is your study blinded?

Age Group(s) of Study Population Indicate the age group(s) of the populations studied

Ethnicity of Study Population Indicate the ethnicity of the populations studied.

日本国内のみの試験の場合も、システム設定の関係上、ここで「Japan」を選択いただく必要があります。

Study Details-3

Length of Enrollment Please indicate the anticipated Length of enrollment. Enter number of months.

24

Date of Estimated First Patient Enrollment MM/DD/YYYY

* Does your study involve genetics or genomics?

No

Primary End Points: (i.e., what are you measuring?)

Test

(3996 character(s) remaining)

Study Phases Phase IV

Study Design Open Label

Is the Study Randomized? No

Total Subject Enrollment 100

Number of Arms 2

1st Study Arm - Treatment Plan

Test

(3996 character(s) remaining)

1st Study Arm - Pfizer Drug

adalimumab:PF-06410293
Anti-PD-1 RN 888 (PF-06801591)
apixaban:PF-04652577
avelumab:PF-06834635
axitinib

1st Study Arm - Non-Pfizer Drug

Please enter any non-Pfizer drugs being used in the study arm. Enter 'N/A' if not applicable.

a

1st Study Arm - Number of Human Subjects

10

Study Details-4

2nd Study Arm - Treatment Plan
(3998 character(s) remaining)

2nd Study Arm - Pfizer Drug
infiximab:PF-06438179 (Japan & rest of world)
inotuzumab ozogamicin:PF-05208773
Invited
isavuconazole

2nd Study Arm - Non-Pfizer Drug Please enter any non-Pfizer drugs being used in the study arm. Enter 'N/A' if not applicable.

2nd Study Arm - Number of Human Subjects

[Planned Results](#)

* Target Date to Provide Results to Pfizer

* Publishing Results? Do you plan to publish the results of this study?

Result Type
Final Report
Manuscript
Poster

Target Conference or Journal Please enter 'N/A' if not applicable

Date of First Anticipated Publication

Planned Results Notes
(4000 character maximum)

[SAVE AND PROCEED](#)

[Technical Questions](#)

2nd Study Armにファイザー以外の薬剤を適用される場合は「2nd Study Arm-Pfizer Drug」で「Invited」を選択し、「2nd Study Arm-Non-Pfizer Drug」に薬剤名を入力してください。

アスタリスク(*)は表示されませんが、必須入力項目です

Budget Details-1

- 申請費用の情報を入力するページです
- (?)をクリックすると、その項目の説明が表示されます



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Welcome Page Introduction Contact Information Organization Information Project Lead/Principal Investigator (PI) Study Details **Budget Details** Payee Information/Contracting Organization Certifications

Budget Details

* indicates required field

Please note all budget information should be entered in local currency. However, if you are responding to a Request for Proposal please follow any guidance provided in that document. If requesting funding, your Budget Template must total the Requested Amount from Pfizer.

Request Amount Currency Code Local Currency Code for request amount (Must be completed first)

JPY - Japanese Yen

Capital Expenses Pfizer does not provide funding via independent medical grants to purchase capital equipment. Examples of capital equipment include, but are not limited to: Computers, iPhones, tablets, appliances, machinery, camera equipment, sensors etc. Equipment rental is acceptable and may be included in project budget.

I confirm that my budget does not contain any requests for funds to purchase capital equipment

Invoices Pfizer does not directly pay invoices for independent medical grants. Please ensure costs for any study related invoices (i.e. IRB/EC fees) which are to be paid by institution, are included in the project budget.

I Agree

In-House Services (?) Do you plan on using in-house services (in lieu of, or in addition to, third party vendors) to assist in the execution of this project/activity? For example, graphics, marketing materials, audio/visual, etc. If your request is approved and you have answered yes to this question you must provide copies of all internal invoices/charges at the time of completing the reconciliation.

Roles (?) Which role(s) are you requesting funds from Pfizer? (At least 1 role should be selected) If no salary is being requested, please select one role and include \$0 for salary.

- Primary Investigator
- Sub PI
- Coordinator
- Study Nurse
- Data Manager/Entry
- Medical Writer
- Statistician
- Pharmacist
- Administrative
- Project Manager
- Lab Technician
- Regulatory
- Post Doc
- Fellow
- Patient/Caregiver Consultant
- Other Role 1
- Other Role 2
- Other Role 3

- 費用をリクエストするRole項目にチェックを入れてください
- 各項目に関する詳細(単価、必要な期間等)を要求する欄が表示されますので、それらの情報も入力ください

注: システム上Primary Investigator, Sub PI, Post Doc及びFellowの予算入力が可能となっていますが、日本においては「医療用医薬品製造販売業公正競争規約」の観点より、医療担当者には報酬・謝礼を支払うことが出来ません。

Budget Details-2

Direct Labor Costs Subtotal

① Direct Study/Project Costs Subtotal

<input type="text"/>	Monitoring
<input type="text"/>	One time fees
<input type="text"/>	Participant reimbursement
<input type="text"/>	Procedures/Tests/Assessments/Labs
<input type="text"/>	Publication Costs
<input type="text"/>	Statistics/ Biostatistics
<input type="text"/>	Study Start up Costs
<input type="text"/>	Supplies/Consumables
<input type="text"/>	Travel
③ <input type="text"/>	Other Fees

0.00 Total

④ Describe Other Fees

Institutional Overhead Percentage (?)

Institutional Overhead Subtotal (?)

Total Amount Calculated (?) This is a system calculated field based on values entered. This Total should match the Total Amount requested from Pfizer (calculated).

Requested Amount from Pfizer (?) Enter the amount requested in your local currency. Enter number.
Total should match the Total Amount requested from Pfizer (calculated).
 JPY

Total Budget for the Study/Project (?)

Pfizer以外の第三者からも支援を受ける場合は「Yes」を選択し、「Specify Other Sources」の欄にその概要(支援元、支援内容等)を記載してください。この際、資金の支援を受ける場合は金額も記載してください。Pfizer以外から支援を受けない場合は「No」を選択してください。

* Other Sources of Support? Will support (e.g. funding, drug, lab testing) be requested from sources other than Pfizer?

Specify Other Sources Specify the support and its source.

(4000 character maximum)

② Budget Narrative (?)

(4000 character maximum)

- 「Direct Study/Project Costs Subtotal」下の各項目(①)について、ご申請金額の適切性判断の為に必要となりますので、各内訳を「Budget Narrative」(②)に具体的に記載ください。
- 「Direct Study/Project Costs Subtotal」(①)に関するFAQはこちら: [FAQ](#)
- 当てはまる予算が不明の場合は、「Other fees」(③)に金額をご記入の上、「Describe other fees」(④)に用途をご記入ください。

注: 消費税法上、助成金は消費税の課税対象外とされていることより、ご申請いただいた金額に消費税を上乗せしての支払いはできませんことにご留意ください。

消費税の課税対象となる物品購入や業務委託契約に対して、消費税を含めた支援を希望される場合は、消費税を加味した金額にて申請ください。

Payee Information/ Contracting Organization


- 支払および契約施設の情報を確認するページです

Created by Yang Li on 01/22/2021

Technical Questions

Certifications

- ISRに関するTerms and Conditionや有害事象報告について requirementの確認と承認をするページです

[Logout](#)

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Certifications

* Indicates required field

*** Compliance Certification** Please read the following certification carefully. You must certify the following before you can submit your request to Pfizer for consideration. Please certify your agreement by clicking "I agree".

You certify that you are an active employee of the requesting organization, with the responsibility and authorization to apply for financial support from Pfizer.

You certify that you have no knowledge that Pfizer has had involvement in the creation or development of this project.

You certify that, if approved, you will disclose the source of all support from Pfizer in all publications and presentations. When Pfizer support is "in-kind" the nature of the support must be disclosed to learners.

You certify that, if approved, you will provide Interim Reports every six months throughout the lifecycle of the project, as well as a Final Report at the conclusion of your project. You also agree to provide monthly patient enrollment reports for clinical studies involving human subjects. If any of these required reports becomes overdue, Pfizer reserves the right to share your name with other representatives from your organization to assist in resolving the non-compliance. Further, you acknowledge non-compliance of required reports for previously approved grants may render your institution as ineligible for new grants from Pfizer.

You certify that, if approved, in the performance of all activities related to an independent medical grant, you will comply with all applicable Global Trade Control Laws. "Global Trade Control Laws" include, but are not limited to, U.S. Export Administration Regulations; the International Traffic in Arms Regulations; EU export controls on dual-use goods and technology; Financial Sanctions Laws and Restrictive Measures imposed within the framework of the CFSP - Treaty on European Union; and the economic sanctions rules and regulations administered by the U.S. Treasury Department's Office of Foreign Assets Control.

You certify that, if approved, the grant has not been and will not be conditioned on or related, in any way, to: (a) any pre-existing or future business relationship with Pfizer; or (b) any business or other decision made or may be made, relating to Pfizer or its products (including coverage or formulary status decisions).

Further you certify that you are authorized to submit an application and provide information in an application on behalf of the requesting organization and any partner organization(s), and you affirm that all responses and information provided in this application are truthful, accurate and complete. Your certification also represents that neither you nor your organization's directors, trustees, and/or anyone who will be involved in the project(s) that will be funded by this grant are on the OIG debarment list.

Please note, if the request is approved your organization will be required to sign a contract which includes additional terms and conditions as they relate to the grant.

I agree to the Compliance Certification

PI Adverse Event Reporting Policy - Please Read

For Investigator Sponsored Research (ISR) studies where the product under study is sourced directly by Pfizer or obtained from supplies on the market and used as per standard of care: the Grant Seeker is required to submit AE/SAEs to Pfizer.

Reporting Timeline: Pfizer requires the Grant Seeker to notify Pfizer within 24 hours of first awareness or secure email exchange any Adverse Event (AE) [serious and non-serious, as applicable] that occurs during the reporting period in a study subject assigned to receive the Pfizer product. In addition, studies using a Pfizer device or Pfizer product packaged with a device, reportable events include not only AEs but also Device Incidents Malfunctions.

Reporting Forms: Principal investigator will report qualified adverse events using the applicable Pfizer ISR/CRC Adverse Event Report Form or approved local regulatory form (i.e. FDA MEDWATCH, CIOMS, etc.) with the AE/SAE Fax Cover Sheet provided by Pfizer. Grant Seeker may use the Institution AE report form provided it is preapproved by Pfizer Safety Leads. SAEs/AEs should be reported as soon as they are determined to meet the definition, even if complete information is not yet available.

Reporting Period: Reportable Events subject to this provision are those that occur from after the first dose of the Pfizer product through at least 28 calendar days after discontinuation of the Pfizer product or longer as specified by the protocol. In addition, any AE/SAEs which occur after active reporting period and are considered related to study drug(s) by investigator should be reported to Pfizer.

Follow-up Information: Institution and/or Grant Seeker will assist Pfizer in investigating any SAE/AE and will provide any follow-up information requested by Pfizer.

Regulatory Reporting: Reporting a SAE/AE to Pfizer does not relieve the institution and/or principal investigator of the responsibility for reporting it to the FDA or local regulatory authority, as required.

Final protocol: Safety language in the Final Protocol developed by the Grant seeker should always be cross-checked, by the Grant seeker/study team, with the safety language written in contract to make sure these two documents are aligned.

Special consideration for Multiple-site studies: For multi-site studies, lead institutions often use one single point of contact or data coordinating center. This process may be acceptable by Pfizer provided the following terms are met and will be described in the contract with the sponsor:

- a. Study must be multi-national.
- b. All investigators from each site must report to a single, well established data coordinating center.
- c. Pfizer must only receive AE/SAEs from this single and well-established data coordinating center.
- d. In such scenario, Pfizer receipt date is the date on which the information is provided to the data coordinating center. Given such, the data coordinating center must document its receipt date on the approved adverse event report form.
- e. This single data coordinating center must be responsible for independently initiating and performing all follow-up activities with each individual investigator for missing and/or incomplete medical information for every AE/SAE.
- f. Single data coordinating center must agree to accept Pfizer queries/request for additional information about the AE/SAEs and follow up with the investigator until resolution.
- g. SAE information provided to Pfizer must not contain any Privacy information.
- h. Everything must be exchanged in English.

Principal investigator agrees to the Pfizer Policy terms listed above, and has downloaded the relevant documents from the links below?

Please see the following links for SAE reporting materials for your study. Download relevant documents based on study type and Pfizer drug involved.
[Click here for interventional studies \(files updated 12-JAN-2021\)](#)
[Click here for non-interventional studies \(files updated 12-JAN-2021\)](#)

If you have any questions regarding your reporting requirements, please reach out to globalmedicalgrants@pfizer.com. Please note: You can return back to this request to access the SAE Reporting links above after submission.

SAVE AND PROCEED

[Technical Questions](#)

Certifications

- 今まで入力した申請情報を確認、申請/保存するページです



Review Your Application

Please review your proposal information. If you are not ready to submit your proposal at this time, click the "Save Only" button. The proposal will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the application to Pfizer and you will then be unable to perform further editing.

Introduction

* Pfizer Policy on Submission of a Research Proposal I agree to the Pfizer Research Submission Policy

* Financial Disclosure by Pfizer I agree to the Financial Disclosure Statement.

Note:

Authorized Signatory Name Yang Li
Authorized Signatory Email Yang

Li6@Pfizer.com

Additional Authorized Signatory Name (Optional)

Additional Authorized Signatory Email (Optional)

Fully Executed Contract

Contact Information

* Salutation Mr

* First Name Yang

* Last Name Li

* Title/Position Research Manager

* Email Address abcd@xxxx.ac.jp

* Telephone 81312345678

* Fax 81312345555

Organization Information

* Legal Entity Name Pfizer Japan

* Organization Type Medical & Science Organization

* Country Japan

* Address 1 3-22-7, Yoyogi

Address 2

* City Tokyo

Province

* Zip/Postal Code 1518589

Website Address

Organization Mission Statement test

修正する場合は各項目の**下線**をクリックして修正してください。
確認が終了したら、画面下部の**SUBMIT**ボタンをクリックして申請、もしくは**SAVE ONLY**ボタンをクリックして保存してください。

Project Lead/Principal Investigator (PI)

Primary Investigator Information

* PI First Name Keiko

PI Middle Name

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* Principal Investigator (PI) is a US-licensed physician No

PI Current Position Title