

APPLICATION FOR INDEPENDENT RESEARCH GRANT



CARESTREAM GIVING GUIDELINES

All Independent Research Grants will be limited to:

- Supporting the communities in which we operate;
- Supporting healthcare research; or
- Such other similar purpose as may be approved by the Grants and Charitable Contributions Committee from time to time.

COMPLIANCE WITH LAW, INDUSTRY STANDARDS AND COMPANY PROCEDURES

All Charitable Contributions, Educational Grants, and Independent Research Grants, must be provided in compliance with applicable laws, industry standards and Company policies. Under no circumstances will Charitable Contributions, Educational Grants and Independent Research Grants be offered or given in exchange for or as an inducement or reward for the purchase, recommendation, or use of Carestream products or services, or for any other corrupt purpose.

APPROVAL AUTHORITY AND OVERSIGHT

The Corporate Grants and Charitable Contributions Committee (the "Committee") has exclusive and independent approval authority over all Applications that are fundable and pass a compliance check for Charitable Contributions, Educational Grants, and Independent Research Grants. No Grants or Charitable Contributions may be issued using Company funds without advance written approval from the Committee in accordance with Company procedures. No other Carestream personnel or third party is authorized to offer, promise or issue Charitable Contributions, Educational Grants, or Independent Research Grants on Carestream's behalf without the Committee's express authorization.

MINIMUM QUALIFICATIONS

The applicant must be a bona fide researcher qualified to perform the proposed research in a timely, competent and lawful manner.

IMPERMISSIBLE USES: Independent Research Grants

Independent Research Grants shall not be used to pay for:

- Carestream-initiated or directed research.
- Consulting or other services or goods provided to Carestream.

Please submit the completed form below to WW-Grants-Charity@Carestream.com. Please include any questions and/or comments in the body of the email. An acknowledgement letter will be sent upon receipt of application.



REQUEST FOR CARESTREAM HEALTH INDEPENDENT RESEARCH GRANT

REQUESTOR INFORMATION

Full Name: Last First M.I.

Position/Title: Company or Organization:

Address: Street Address Suite/Floor/Room #

City Province State/Country Postal Code

Department: Degree:

Office Phone: Alternate Phone:

Email:

Gov't/Tax ID: KPPS# (France Only):

NPI# (US Only): State License #:

Carestream Primary Contact (if none, put N/A):

Amount Requested: Product Requested:

Deadline for Receipt of Funding Request:

REQUIRED DOCUMENTATION

- A detailed proposal, plan or other documentation describing the research in detail.
Description of Research Project/Program, hypothesis and objectives.
Background and significance of proposed research.
Study design and Duration of Study.
A copy of an itemized budget for the research proposal along with minimum and maximum funding ranges.
References.
The Curriculum Vitae of the principal investigator and other key researchers.
Evidence of review and approval of the project from an independent board to ensure the project is conducted ethically.
Please attach any additional documents you would like the reviewer to take into consideration.

ELIGIBILITY QUESTIONNAIRE

1) Please indicate the type of proposal:

Bench/Lab Testing

Clinical Research

Non Clinical Research

Other

2) Will the Research involve multiple institutions?

Yes

No

3) Have you already received and/or requested funding for this project?

Yes

No

If yes, specify the organization and/or entity and the amount received to date: _____

4) Are you or one of your parent or sister organizations currently doing business with Carestream, or have an open tender for which Carestream has placed a bid?

Yes

No

If yes, please explain further.

5) Have you or your organization now or ever been convicted of any crimes or excluded from participation in government funded healthcare programs?

Yes

No

If yes, please provide details as to the nature and reason for the criminal conviction and/or exclusion and your organization's current status.

6) To the best of your knowledge, has your organization ever received any grant or charitable contribution from Carestream Health during the past five years?

Yes

No

If yes, please provide the dates, locations and descriptions of the grants or charitable contributions and the amount of Carestream Health's funding for each.

7) Are you now, or have ever been a consultant for or an employee of any medical device company?

Yes

No

If yes, please list the names of each company and the dates that you were affiliated with them.

8) If your Research Activity involves the use of human subjects, please indicate what independent review board or ethics committee to which you will be reporting?

9) Is an Institutional Review Board required?

Yes

No

10) Does your institution have an Institutional Review Board?

Yes

No

11) Has your proposal been submitted to an Institutional Review Board to ensure the project is conducted ethically?

Yes

No

IRS Submission Date: _____

12) Please provide dates for the following milestones.

Note: The dates below are considered estimates only:

Anticipated Research Start Date: _____

Anticipated Enrollment Completion Date: _____

Anticipated Follow-Up Completed Date: _____

Anticipated Analysis Completed Date: _____

13) Do you intend to publish your results?

Yes

No

Anticipated publication submission date: _____

Have you selected form and source for publication? _____

Agreement to Accuracy and to Abide by Ethical Laws, Standards and Relevant Health Authority Regulations

I represent that all the information submitted in this request is accurate and I agree to abide by all applicable laws and ethical standards relating to this request. The requested Independent Research Grant is not intended as a price term or in place of a price concession. The requested Independent Research Grant is not contingent on the purchase of any Carestream Health products and is not intended to encourage the recipient to purchase or recommend Carestream Health products. I also understand that should my Independent Research Grant request be approved, additional documentation may be required and I will be required to sign a letter of agreement with Carestream Health prior to receiving any funding.

Full Name: _____
Last *First* *M.I.*

Signature: _____

Signature Date: _____