**Quality Improvement Project (QIP) – Request for Support**

*Please complete this form in English*

**Details of person responsible for QIP at institution (QIP Lead)**

|  |  |
| --- | --- |
| Full name |  |
| Job title |  |
| Department |  |
| Telephone number (incl. international code) |  |
| Emal address |  |

**Details of institution where QIP is taking place**

|  |  |
| --- | --- |
| Full name |  |
| Address line 1 |  |
| Address line 2 |  |
| City |  |
| Post / zip code |  |
| Country |  |

**Details of QIP**

|  |  |
| --- | --- |
| Title |  |
| Background / Aims *(please give details of area for improvement, including relevant epidemiological data)* |  |
| Planned start (dd/mm/yyyy) |  |
| Planned end (dd/mm/yyyy) |  |
| Details of Mölnlycke products to be involved in QIP *(please give full names of products and intended uses)* |  |
| Details of plan *(please include details of planned activities / tasks)* |  |
| How the impact of the plan will be measured *(please include details of performance indocators)* |  |
| Details of how the outcome of the QIP will be communicated within the instititon |  |
| Details of how the outcome of the QIP will be communicated outside of the institution |  |
| Will the QIP include any clinical research activitities for which support from Mölnlycke is being sought?  *Please consult QIP / Clinical Research decision tree for guidance* | [ ] No  [ ] Yes, If Yes, please submit a separate proposal at: <https://www.molnlycke.com/about-us/investigator-initiated-studies-program/submit-full-proposal/> and record the date of submission and study title below: |
| Date (dd/mm/yyyy) |  |
| Title |  |

**Support being sought from Mölnlycke**

|  |  |
| --- | --- |
| Financial grant *(if applicable, please give details of amount and what it would be used for)* |  |
| Mölnlycke products *(if applicable, please give details of product names, sizes and quantities)* |  |
| Assistance with data analysis *(if applicable, please give details of exactly what will be required)* |  |
| Assistance with medical writing (*if applicable*, *please give details of what you have in mind, e.g. slide decks, posters)* |  |
| General support and guidance *(if applicable, please give details)* |  |

**Other documentation**

|  |  |
| --- | --- |
| Please give details of any documentation submitted with this form |  |

**Signature of QIP Lead**

[ ] By checking this box, I accept that Mölnlycke may contact me via the email address or telephone number that I have provided on this form

|  |  |
| --- | --- |
| Signature |  |
| Date (dd/mm/yyyy) |  |

Thank you for taking the time to complete the form. Please email it, along with any supporting documentation, to [medicalaffairs@molnlycke.com](mailto:medicalaffairs@molnlycke.com).