



Hear now. And always

Cochlear Americas
13059 East Peakview Avenue
Centennial CO 80111
USA

Tel: 1 303 790 9010
Fax: 1 303 792 9025
Toll Free: 1 800 523 5798

www.Cochlear.com/US

Thank you for expressing interest in sharing your research on Cochlear's website. Please complete all fields below to complete your request. Applications are reviewed quarterly and you will be notified of the outcome prior to posting. We are eager to consider all requests and appreciate your time in telling us about your study.

CENTER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

CONTACT INFORMATION:

Phone: _____ Email: _____

TITLE OF CLINICAL STUDY:

Does this study include the use of Cochlear devices (Nucleus and/or Baha)? Yes No

Is the research consistent with current labeling from applicable regulatory bodies? Yes No

Do you have IRB approval to conduct this research? Yes No Not Applicable

Name of the Principal Investigator: _____

Primary Contact Person for this Study: _____

Please briefly (500 words or less) describe your research study, including relevant background information, purpose of the study, and duration of the study.

If you have additional information, such as a study brochure that you would like to provide, please include it within this application for review. Please email application(s) and additional information to **ClinicalStudies@Cochlear.com**

Thank you again for your interest!