

# Arthrex Research Portal

## Quick Start Guide



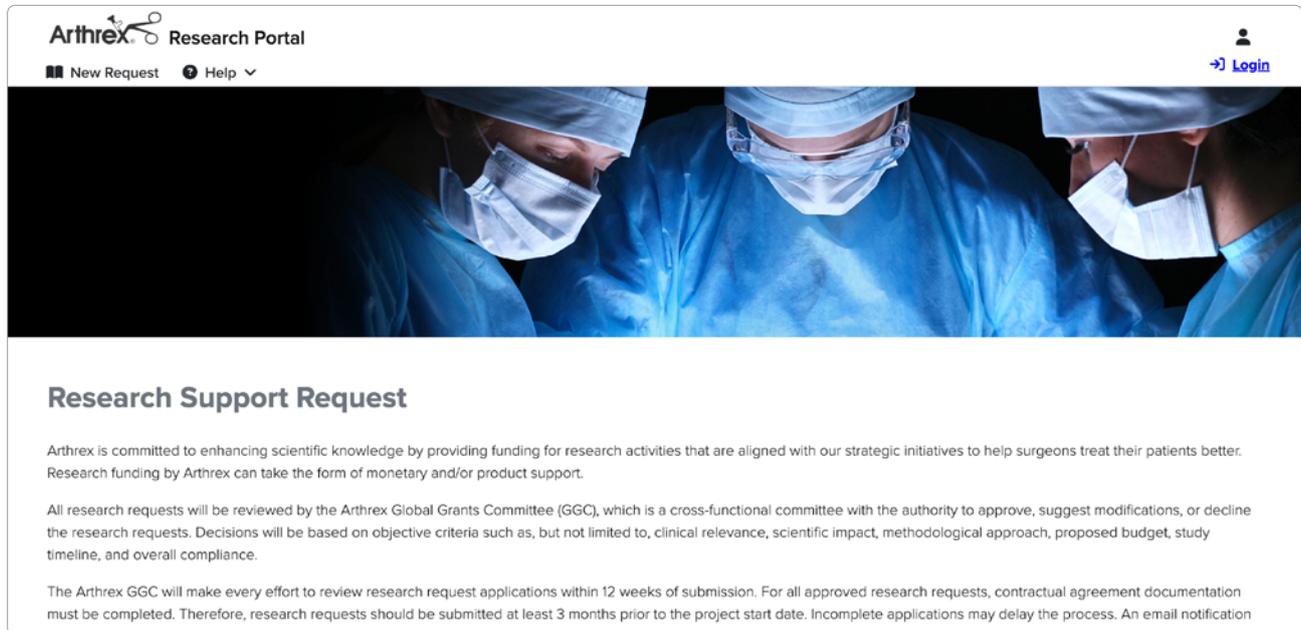


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# General Information

## Welcome to the Arthrex Research Portal

Go to <https://research.arthrex.com> to visit our website for research support requests.



**Arthrex Research Portal**

New Request Help

→ Login

### Research Support Request

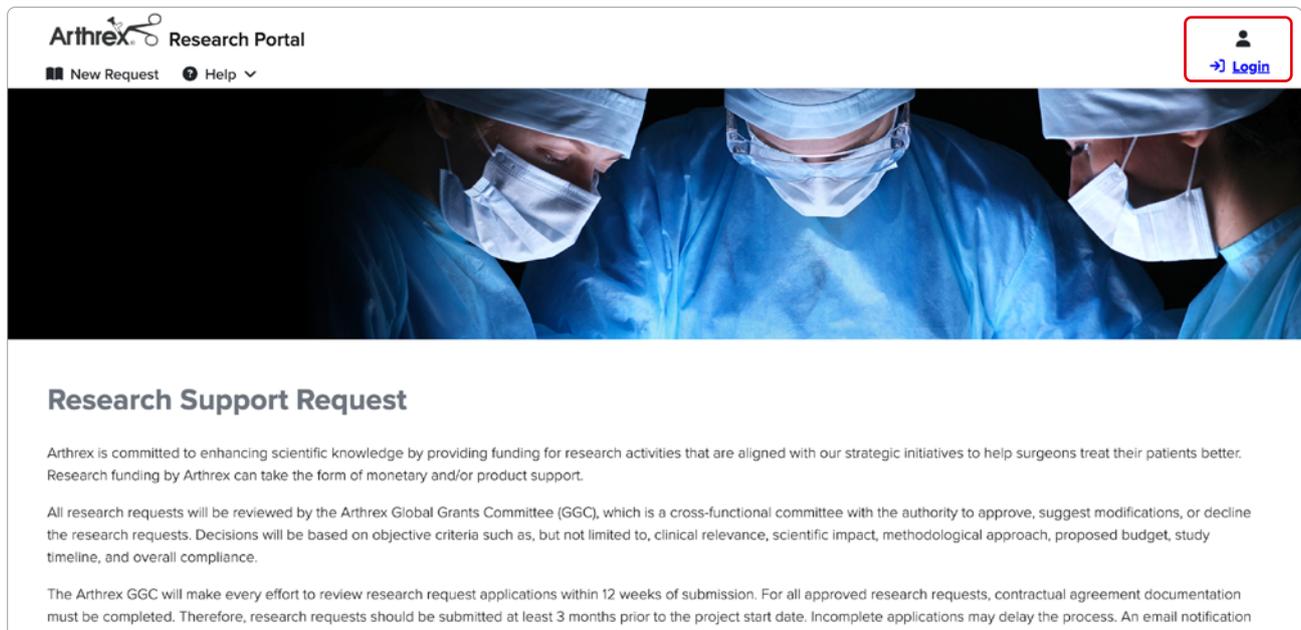
Arthrex is committed to enhancing scientific knowledge by providing funding for research activities that are aligned with our strategic initiatives to help surgeons treat their patients better. Research funding by Arthrex can take the form of monetary and/or product support.

All research requests will be reviewed by the Arthrex Global Grants Committee (GGC), which is a cross-functional committee with the authority to approve, suggest modifications, or decline the research requests. Decisions will be based on objective criteria such as, but not limited to, clinical relevance, scientific impact, methodological approach, proposed budget, study timeline, and overall compliance.

The Arthrex GGC will make every effort to review research request applications within 12 weeks of submission. For all approved research requests, contractual agreement documentation must be completed. Therefore, research requests should be submitted at least 3 months prior to the project start date. Incomplete applications may delay the process. An email notification

## Login

Select [Login](#) to enter the research portal.



**Arthrex Research Portal**

New Request Help

→ Login

### Research Support Request

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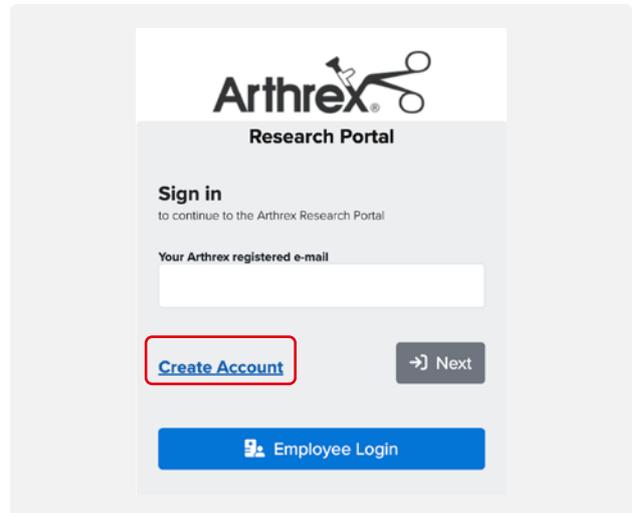
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## Login

Please log in with your Arthrex registered email address. You will be prompted to enter your password in the next step.

### Don't have an account yet?

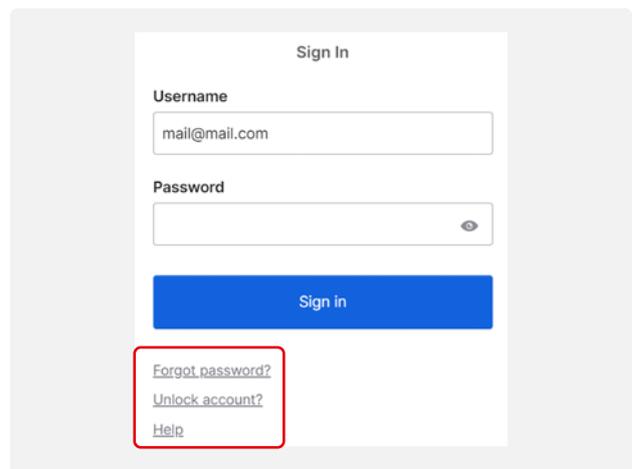
- > Click on [Create Account](#) and register your information.
- > Following registration, you will receive an email from [noreply@okta.com](mailto:noreply@okta.com) once your account is activated. This process may take up to 24 hours.
- > Follow the instructions in the email to verify your new login and set up a password.



### Unable to log in?

Choose one of the options to either reset your password or unlock your account.

For further help with your account, you can also contact [studies@arthrex.com](mailto:studies@arthrex.com).



## Home page

- › On our home page, you can find comprehensive information regarding the request process and the different types of requests offered.
- › Our [Quick Start Guide](#) is linked on the home page, or you can access it anytime through [Help > Quick Start Guide](#).
- › If you have any questions or need assistance, please contact us directly through [Help > Contact Us](#). Please be sure to include your request ID for reference.
- › You can return to the home page anytime by clicking on the logo in the top left section of the page.



### Research Support Request

Arthrex is committed to enhancing scientific knowledge by providing funding for research activities that are aligned with our strategic initiatives to help surgeons treat their patients better. Research funding by Arthrex can take the form of monetary and/or product support.

All research requests will be reviewed by the Arthrex Global Grants Committee (GGC), which is a cross-functional committee with the authority to approve, suggest modifications, or decline the research requests. Decisions will be based on objective criteria such as, but not limited to, clinical relevance, scientific impact, methodological approach, proposed budget, study timeline, and overall compliance.

The Arthrex GGC will make every effort to review research request applications within 12 weeks of submission. For all approved research requests, contractual agreement documentation must be completed. Therefore, research requests should be submitted at least 3 months prior to the project start date. Incomplete applications may delay the process. An email notification regarding the decision will be sent after the GGC meeting. The status of each research request application can also be tracked within the research portal.

No direct payments will be issued to individuals. Awarded research requests are provided without any commitment to purchase, use, or recommend Arthrex products either in the past or the future.

We receive many worthwhile requests. Unfortunately, we are unable to fund them all. It is important to note that past funding does not guarantee future approval and that submissions can be approved at an amount less than the requested one. Reviews and modifications of funding are done with consideration of fair market value.

Compliance Information - Arthrex Inc.	+
Compliance Information - Arthrex GmbH	+

View the instructions on how to submit a request below:  
[Quick Start Guide](#)

Please note: Arthrex will only consider applications that are submitted online.

**Please select below the type of request you would like to submit.**



## My Requests

Navigate to [My Requests](#) to view all your requests. For each request, the request ID, title, creation date, request type, and the status are displayed. Only requests with the status [Draft](#) can be edited or deleted.

Request-ID	Creation Date	Type	Status
<a href="#">IIRR-01769</a> Title Request Research Grant xx	10/8/24	Investigator Initiated Study	Submitted
<a href="#">IIRR-01767</a> Title Title	10/7/24	Registry	Submitted
<a href="#">IIRR-01764</a> Title Open Request	10/4/24	Investigator Initiated Study	Draft

## New Research Request

Click on [New Request](#) to start a new study application. A pop-up will prompt you to select the request type. For more information on the available request types, select the information button underneath.

Select the request type

- Investigator Initiated Study
- Registry
- Research Grant

Cancel

## Navigation Overview

### Progress and Navigation

- › The application process consists of several steps, varying by request type.
- › For general information on each request type, visit the first tab, [Info](#).
- › Navigate using either the progress bar at the top of the page to jump between tabs or the [Back](#) and [Next](#) buttons at the bottom of the page.

### Saving and Submitting

- › Save a draft of your application at any time using the [Save Draft](#) button. (Tip: Save regularly to prevent data loss.)
- › When finished, click [Submit](#) to send your application.
- › The system will alert you if any information is missing and direct you to the respective fields.

**New - Investigator Initiated Study**

1 Info 2 Contact 3 Proposal 4 Timeline 5 Products 6 Budget 7 Feasibility 8 Submission

### Investigator Initiated Study

In Investigator Initiated Studies (IIS) the full responsibility of study planning, conduct, and reporting lies with the principal investigator in accordance with all applicable legal and regulatory requirements.

The following types of IIS may be supported by Arthrex

- Post-market clinical studies
- Biomechanical studies
- Veterinary studies
- In-vitro studies

To send your application, please click on "Submit" below.

[Back](#) [Next](#) [Save Draft](#) [Submit](#)

### Required Fields

- › Required fields are marked visually and must be completed before submission.
- › The progress bar indicates incomplete tabs by highlighting them with a red border.

### Help Text

- › Help text is available for certain fields or sections.
- › It opens automatically when editing the field.
- › You can also access it manually by clicking the [?](#) button next to the field.

**New - Investigator Initiated Study**

1 Info 2 Contact 3 Proposal 4 Timeline 5 Products 6 Budget 7 Feasibility 8 Submission

### Timeline

Estimated Date of First Patient In / Estimated Testing Start Date

Required

Estimated Date of Final Report/Manuscript Draft Submission

Required

To send your application, please click on "Submit" below.

[Back](#) [Next](#) [Save Draft](#) [Submit](#)

**Estimated Date of First Patient In / Estimated Testing Start Date**

Please note that the application review process can take up to 12 weeks. Please also consider the time for contract negotiation.

# Investigator Initiated Request

## Contact Information

Please enter all required information regarding the [requester](#), [principal investigator](#), and [research coordinator](#) of the study request.

[Name](#) and [email](#) for the requester are automatically pre-filled from your account.

If the principal investigator and/or research coordinator are the same person as the requester, tick the checkbox [Same as Requester](#) and the information will be automatically filled in for you.

Please enter the [grant recipient organization](#), including information for a [primary contract liaison](#).

Please add all other individuals that have a major role in the research in the [Co-Investigators](#) section.

### New - Investigator Initiated Study

- Info
- Contact
- Proposal
- Timeline
- Products
- Budget

#### Contact Information

**Requester**

Salutation	First name	Last name
<input type="text"/>	<input type="text" value="Anna"/>	<input type="text" value="Heinz"/>
Phone	Job title	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text" value="heinz.anna@web.de"/>
Department	Institution	
<input type="text"/>	<input type="text"/>	

**Principal Investigator**

Same as Requester

Salutation	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Job title	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Department	Institution	
<input type="text"/>	<input type="text"/>	

**Research Coordinator**

Same as Requester

**Grant Recipient Organization (Contracting Party)**

Name of Primary Contract Liaison	Email
<input type="text"/>	<input type="text"/>
Institution (Legal Party Name for Agreement)	Department
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Zip	City
<input type="text"/>	<input type="text"/>
State / Province	Country
<input type="text"/>	<input type="text"/>

**Federal Tax ID**

e.g. Federal Tax ID, VAT ID

**Co-Investigators**

## Research Proposal

The **Research Proposal** page includes fields regarding the study design, eg, [Study Objective](#) and [Materials & Methods](#).

The size of the text fields can be enlarged by dragging the lower right corner of the text box.

The screenshot shows a web form titled "New - Investigator Initiated Study". At the top, there is a progress bar with eight steps: 1 Info, 2 Contact, 3 Proposal, 4 Timeline, 5 Products, 6 Budget, 7 Feasibility, and 8 Submission. Step 3, "Proposal", is currently selected and highlighted. Below the progress bar, the "Research Proposal" section contains several required fields: "Study Title" (text input), "Study Type" (dropdown menu), "Study Portfolio" (dropdown menu), "Background / Motivation" (text area), "Study Objective(s) (aims, purposes, hypotheses)" (text area), and "Primary Endpoint(s)" (text input). Each field is marked as "Required" in red text.

## Timeline

Please select the expected dates for the timeline of the research proposal.

The screenshot shows the "Timeline" section of the "New - Investigator Initiated Study" form. The progress bar at the top shows step 4, "Timeline", as the active step. The "Timeline" section contains two required date fields: "Estimated Date of First Patient In / Estimated Testing Start Date" and "Estimated Date of Final Report/Manuscript Draft Submission". Each field has a calendar icon and a "Required" label. A question mark icon is visible in the top right corner of the form area.

## Arthrex Study Products

Please list all Arthrex products that will be used in the study, both **requested products** and **products covered through standard of care**. Refer to the Arthrex website for product information: [www.arthrex.com](http://www.arthrex.com).

**New - Investigator Initiated Study**

1 Info 2 Contact 3 Proposal 4 Timeline 5 **Products** 6 Budget 7 Feasibility 8 Submission

### Study Products

Please list all Arthrex products that have been/will be used in the study, regardless of whether they are provided as standard of care or additionally requested from Arthrex.

Clinical studies:

- For standard of care products, select "Covered by Clinic" as Type.
- For all other products that are additionally requested from Arthrex in kind provision, select "Provided by Arthrex" as Type.

Laboratory studies:

- For all products you would like to request in kind, please select "Provided by Arthrex" as Type.

**Product 1**

Item  
Pay attention to the packing unit (QTY) when specifying the Quantity below

Required.

Required. Type  Quantity

Required.



Please select the respective **products** from the **dropdown list**. You can search for products by typing in the AR number or the name. Please pay attention to the packing unit when calculating the quantity.

Click to add more items.

## Itemized Budget

This may include clinical study-specific efforts that are not standard of care or reimbursed. For laboratory studies, this may include required materials. **Please do not list Arthrex products in this area.**

If the budget item refers to personnel cost, please tick the box and specify the dedicated personnel and the amount of hours.

Personnel Costs?

Dedicated Personnel  
e.g., PI, Study Nurse, Research Technician, Vendor, CRO

Required. Amount of hours

Required.

**New - Investigator Initiated Study**

1 Info 2 Contact 3 Proposal 4 Timeline 5 Products 6 **Budget** 7 Feasibility 8 Submission

### Itemized Budget

Item 1

Name  
Study Related Tasks or Materials

Required.

Personnel Costs?

Dedicated Personnel  
e.g., PI, Study Nurse, Research Technician, Vendor, CRO

Amount of hours

Proposed Costs  Currency

Required.  Subject to Overhead?

## Site Feasibility Survey

For requests with **study type clinical** (defined in Section 3, Proposal) a **site feasibility survey** will be mandatory. You will be asked to provide information on staff and site resources, your clinical research experience, patient population and recruitment, and a possible conflict of interest.

You will also be asked to provide the CVs of your staff.

To upload multiple documents, please archive them to a .zip file. Uploading a new file will overwrite the existing file.

New - Investigator Initiated Study

1 Info 2 Contact 3 Proposal 4 Timeline 5 Products 6 Budget 7 Feasibility 8 Submission

### Site Feasibility Survey

Staff and Site Resources

# of Sub-Investigator(s)	x	# of GCPs of Sub-Investigator(s)	x
<small>Required</small>			
# of Study Nurse(s)	x	# of GCPs of Study Nurse(s)	x
<small>Required</small>			
# of Research Coordinator(s)	x	# of GCPs of Research Coordinator(s)	x
<small>Required</small>			
# of Statistician(s)	x	# of GCPs of Statistician(s)	x
<small>Required</small>			
# of Data Manager(s)	x	# of GCPs of Data Manager(s)	x
<small>Required</small>			
# of Other Staff	x	Please specify Other Staff	

Please upload the corresponding CVs. To upload multiple files, please archive them in a .zip file. Uploading a new file will overwrite the existing file.

+ Choose

## Submission

The application can only be submitted once all required fields have been filled out correctly.

Saving a draft of the application is possible at any time.

You can leave additional comments if required.

Please upload applicable documents in this section.

To upload multiple documents, please archive them to a .zip file. Uploading a new file will overwrite the existing file.

Before submitting the application, please read and agree to the terms and conditions.

If you attempt to submit the request without completing all required fields, you will receive a notification. By selecting **Ok**, you will be automatically directed to the fields that require your attention.

New - Investigator Initiated Study

1 Info 2 Contact 3 Proposal 4 Timeline 5 Products 6 Budget 7 Feasibility 8 Submission

### Submission

Additional Comments

Please upload the following documents if available and applicable.

CVs of Principal Investigator and Study team

+ Choose

Drag and drop files to here to upload.

GCP of Principal Investigator

+ Choose

Drag and drop files to here to upload.

Study Protocol/Trial Protocol

+ Choose

Drag and drop files to here to upload.

Please make sure that your request is complete!

I agree to the [terms and conditions](#).

To send your application, please click on "Submit" below.

< Back Next >

Save Draft Submit

#### Data validation issues

Please verify that all entered information is accurate and complete. Please resolve any validation issues before submitting the request.

Ok

# Registry Request

## Contact Information

Please enter all required information about the [requester](#), the [registry's main point of contact](#), and the [grant recipient organization](#).

Name and email for the requester are automatically pre-filled from your account.

If the [registry's main point of contact](#) is the same person as the requester, tick the checkbox [Same as Requester](#), and the information will be automatically filled in for you.

The screenshot shows the 'New - Registry' form at step 2, 'Contact Information'. The progress bar at the top indicates steps: 1 (Info), 2 (Contact), 3 (Details), 4 (Products), 5 (Support), and 6 (Submission). The form is divided into three sections: 'Requester', 'Main point of contact for Registry', and 'Grant Recipient Organization (Contracting Party)'. The 'Requester' section has pre-filled fields: Salutation (Mrs), First name (Anns), Last name (Heinz), Phone (02181238181), Job title, E-Mail (heinz.anns@web.de), Department, and Institution (Testing). The 'Main point of contact for Registry' section has a 'Same as Requester' checkbox and several 'Required' fields for Salutation, First name, Last name, Phone, Job title, E-Mail, Department, and Institution. The 'Grant Recipient Organization' section has fields for Name of Primary Contract Liaison, Email, Contracting Party (Legal Party Name for Agreement), and Address, with 'Required' labels and question marks.

## Registry Request Details

Please provide detailed information on the registry, including registry metrics, data quality measures, and output.

The screenshot shows the 'New - Registry' form at step 3, 'Registry Request Details'. The progress bar at the top indicates steps: 1 (Info), 2 (Contact), 3 (Details), 4 (Products), 5 (Support), and 6 (Submission). The form contains several 'Required' fields: Registry Name, Registry Website Link, History (with a sub-note: e.g. background, founding year, members), Main Sources of Funding (with a sub-note: e.g. state funding, industry funding), Registration Activation Year (with a sub-note: if not active, provide the estimated year of activation), Registry Mission/Objective, and Literature Utilizing Registry Data.

## Arthrex Products

If the registry allows product identification, please check the box and list all Arthrex products that are currently in the registry.

If the registry does not allow product identification, please do not check the box and proceed to the next section.

The screenshot shows the 'New - Registry' form with a progress bar at the top indicating steps 1 through 6: Info, Contact, Details, Products, Support, and Submission. The 'Products' step (4) is currently active. The section is titled 'Arthrex Products' and contains a checked checkbox labeled 'The registry allows product identification'. Below this is a text area with the instruction 'Please list all the Arthrex products that are currently in your registry'. A red 'Required' label is visible at the bottom left of the text area. At the bottom right, there is a note: 'To send your application, please click on "Submit" below.' Navigation buttons include '< Back', 'Next >', 'Save Draft', and 'Submit'.

## Sponsorship Support

If required, you can request sponsorship support. Please specify a **name**, the **requested cost**, and the **currency** for each item.

You can add several items using the **+ Add button**.

If support is requested, please indicate how these funds are used.

The screenshot shows the 'New - Registry' form with a progress bar at the top indicating steps 1 through 6: Info, Contact, Details, Products, Support, and Submission. The 'Support' step (5) is currently active. The section is titled 'Sponsorship Support'. It features a form for 'Item 1' with fields for 'Name', 'Requested Cost', and 'Currency'. Each field has a red 'Required' label. A 'Remove' button is located below the 'Requested Cost' field. A blue '+ Add' button is positioned below the 'Remove' button. At the bottom, there is a text area with the instruction 'Please indicate how these funds are used' and a red 'Required' label. A note at the bottom right states: 'To send your application, please click on "Submit" below.' Navigation buttons include '< Back', 'Next >', 'Save Draft', and 'Submit'.

## Submission

The application can only be submitted once all required fields have been filled out correctly.

Saving a draft of the application is possible at any time.

You can leave additional comments if required. Please upload applicable documents in this section.

To upload multiple documents, please archive them to a .zip file. Uploading a new file will overwrite the existing file.

Before submitting the application, please read and agree to the terms and conditions.

If you attempt to submit the request without completing all required fields, you will receive a notification. By selecting **Ok**, you will be automatically directed to the fields that require your attention.

The screenshot displays the 'New - Registry' submission interface. At the top, a progress bar shows six steps: 1 Info, 2 Contact, 3 Details, 4 Products, 5 Support, and 6 Submission. The current step is 'Submission'. Below the progress bar, there is a section for 'Additional Comments' with a text area. A prompt asks to upload documents if available and applicable. There are two file upload sections: 'Ethics approval or waiver' and 'Additional File, if needed', each with a '+ Choose' button. A checkbox for 'I agree to the terms and conditions' is present, with a 'Required' label. At the bottom, there are 'Back' and 'Next >' buttons, a 'Save Draft' button, and a 'Submit' button. A 'Data validation issues' modal is open, displaying a warning icon and the message: 'Please verify that all entered information is accurate and complete. Please resolve any validation issues before submitting the request.' with an 'Ok' button.

# Research Grant Request

## Contact Information

Please enter all your required contact information.

[Name](#) and [email](#) are automatically pre-filled from your account.

The screenshot shows the 'New - Research Grant' form at step 2, 'Contact Information'. A progress bar at the top indicates steps 1 through 6: Info, Contact, Organizat..., Details, Support, and Submission. The 'Contact Information' section includes fields for Salutation (Mrs), First name (Anna), Last name (Hienz), Phone (028123888), Job title, E-Mail (hienz.anna@web.de), Department, and Institution (Tosting). There are 'Back' and 'Next >' buttons at the bottom left, and 'Save Draft' and 'Submit' buttons at the bottom right. A note at the bottom right says 'To send your application, please click on "Submit" below.'

## About the Organization

Please provide information about the organization.

We also ask you for contracting details, including a [primary contract liaison](#) and the [contracting party](#).

The screenshot shows the 'New - Research Grant' form at step 3, 'About the Organization'. The progress bar shows steps 1 through 6, with step 3 highlighted. The 'About the Organization' section includes fields for Name of the Organization, Website Link of the Organization, History (e.g. background, leading your mission, vision), and Main source of funding (e.g. own funding, external funding). The 'Contracting Details' section includes fields for Name of Primary Contract Liaison, Email, Contracting Party (Legal Party Name for Agreement), Address, Zip, and City. There are 'Back' and 'Next >' buttons at the bottom left, and 'Save Draft' and 'Submit' buttons at the bottom right. A note at the bottom right says 'To send your application, please click on "Submit" below.'

## Grant Request Details

Please provide detailed information regarding the grant, such as the grant objective and application requirements.

Please also state what kind of output will be generated and shared with Arthrex.

For all requested dates, please provide estimates.

The screenshot shows the 'New - Research Grant' form at step 4, 'Grant Request Details'. The progress bar shows steps 1 through 6, with step 4 highlighted. The 'Grant Request Details' section includes fields for Grant Name, Website Link of the Grant, Estimated Date of Grant/Award Announcement, Grant Objective, Application Requirements (e.g. Acceptance Criteria, Research Area), and Evaluation Process (e.g. Committee Composition, Evaluators Criteria, Selection Process). There are 'Back' and 'Next >' buttons at the bottom left, and 'Save Draft' and 'Submit' buttons at the bottom right. A note at the bottom right says 'To send your application, please click on "Submit" below.'

## Sponsorship Support

If required, you can request sponsorship support. Please specify a [name](#), the [requested cost](#), and the [currency](#) for each item.

You can add several items using the [+ Add button](#).

The screenshot shows the 'New - Research Grant' application form at the 'Sponsorship Support' step. A progress bar at the top indicates the current step (3) and previous steps (1: Info, 2: Contact, 4: Details, 5: Support, 6: Submission). The form includes a section for 'Item 1' with fields for 'Name', 'Requested Cost', and 'Currency'. A 'Remove' button is visible below the item entry, and a '+ Add' button is at the bottom. Navigation buttons for 'Back' and 'Next' are at the bottom left, and 'Save Draft' and 'Submit' are at the bottom right.

## Submission

The application can only be submitted once all required fields have been filled out correctly.

Saving a draft of the application is possible at any time.

You can leave additional comments or upload additional files if needed. To upload multiple documents, please archive them to a .zip file. Uploading a new file will overwrite the existing file.

Before submitting the application, please read and agree to the terms and conditions.

If you attempt to submit the request without completing all required fields, you will receive a notification. By selecting [Ok](#), you will be automatically directed to the fields that require your attention.

The screenshot shows the 'New - Research Grant' application form at the 'Submission' step. The progress bar indicates the current step (6) and previous steps (1: Info, 2: Contact, 3: Organization, 4: Details, 5: Support). The form includes fields for 'Additional Comments' and 'Additional Files, if needed'. A checkbox labeled 'I agree to the terms and conditions' is highlighted with a red box. A 'Data validation issues' dialog box is open, displaying a warning icon and the message: 'Please verify that all entered information is accurate and complete. Please resolve any validation issues before submitting the request.' The dialog has an 'Ok' button. Navigation buttons for 'Back' and 'Next' are at the bottom left, and 'Save Draft' and 'Submit' are at the bottom right.

# Review Process

## What happens after submission of your request application?

- › You will receive an **email** from the Arthrex Study Team **confirming your submission**.
- › If clarifications are required, you will be notified by email.
- › All **research requests will be reviewed by the Arthrex Global Grants Committee**.  
This process has been approved by the Arthrex Risk Management and Compliance Department. Decisions will be based on objective criteria such as, but not limited to, clinical relevance, scientific impact, methodological approach, proposed budget, study timeline, and overall compliance.
- › An **email notification regarding the decision** will be sent after the Global Grants Committee meeting, usually within 12 weeks after submission.
- › All **approved grant recipients are required to complete contractual agreement documentation**.

## Questions?

If you need **help** with your research application, please contact the **Arthrex Study Team** at [studies@arthrex.com](mailto:studies@arthrex.com).

Please be sure to include the **ID of the request** for which you need assistance.

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.

A medical professional must always refer to and comply with the relevant product labels and directions for use, including cleaning and sterilization instructions, before using an Arthrex product. This information provided is intended for medical professionals only. Arthrex, as the creator and distributor of its products, does not practice medicine, is not rendering medical or professional advice, and does not recommend any surgical techniques for use on a particular patient. Arthrex strongly recommends that medical professionals are trained in the use of an Arthrex product before using it in a procedure or surgery. The medical professional who performs any surgical procedure is responsible for determining and using the appropriate techniques for surgical procedures on each individual patient.

**arthrex.com**

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Arthrex manufacturer, authorized representative, and importer information (Arthrex eIFUs)



US patent information