

Arthrex Research Portal

Quick Start Guide

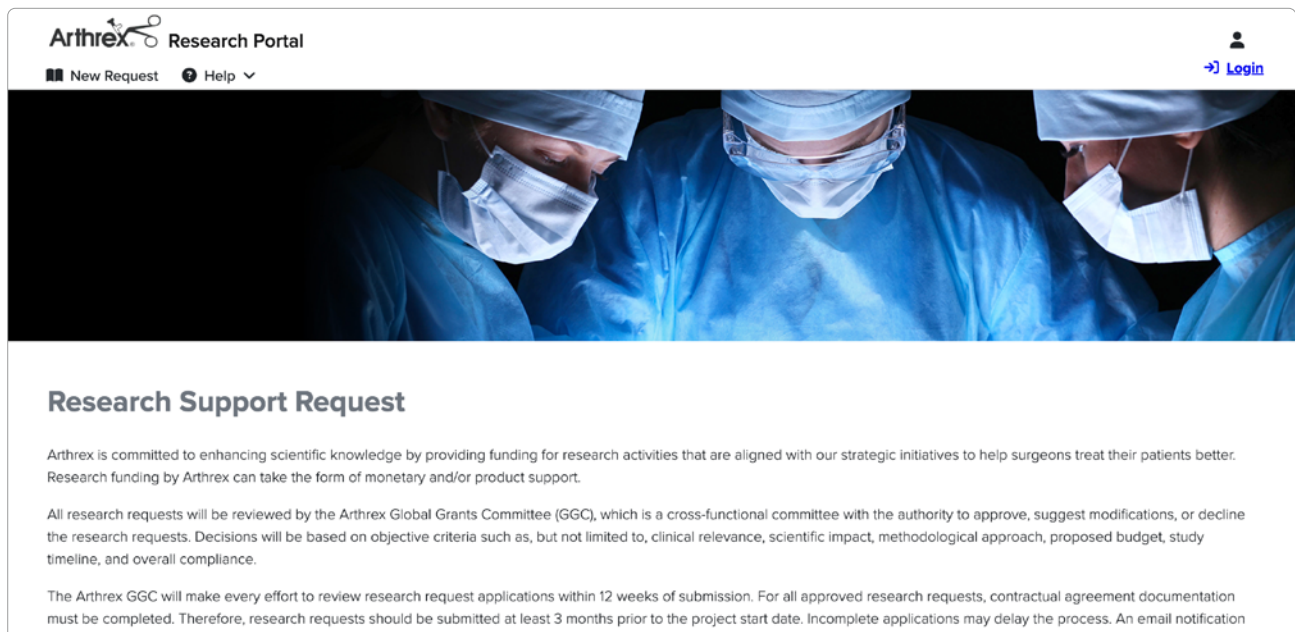


04	General Information
04	Welcome to the Arthrex Research Portal
04	Login
06	Home page
07	My Requests
07	New Research Request
08	Navigation Overview
09	Investigator Initiated Request
09	Contact Information
10	Research Proposal
10	Timeline
11	Arthrex Study Products
11	Itemized Budget
12	Site Feasibility Survey
12	Submission
13	Registry Request
13	Contact Information
13	Registry Request Details
14	Arthrex Products
14	Sponsorship Support
15	Submission
16	Research Grant Request
16	Contact Information
16	About the Organization
16	Grant Request Details
17	Sponsorship Support
17	Submission
18	Review Process
18	What happens after submission of your request application?
18	Questions?

General Information

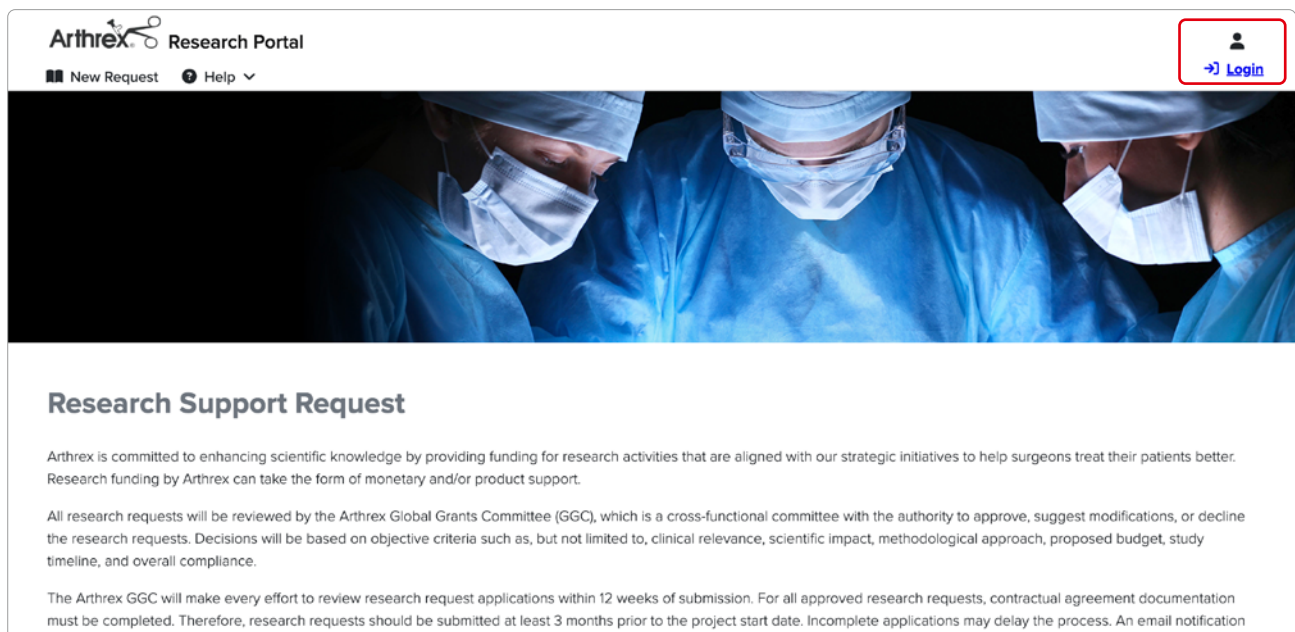
Welcome to the Arthrex Research Portal

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



Login

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

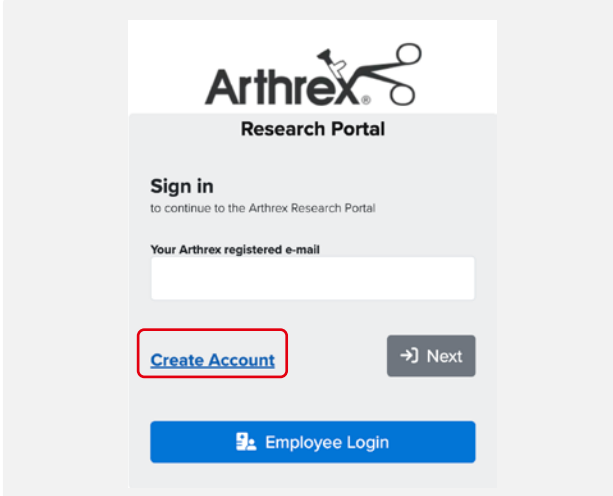


Login

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 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.

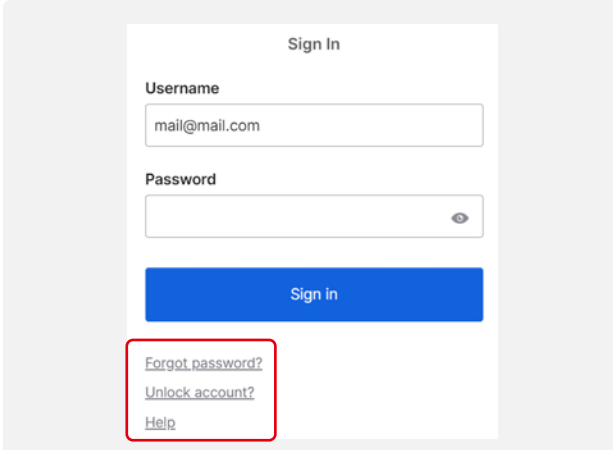


The image shows the 'Sign in' page of the Arthrex Research Portal. At the top is the Arthrex logo and the text 'Research Portal'. Below this, it says 'Sign in to continue to the Arthrex Research Portal'. There is a text input field labeled 'Your Arthrex registered e-mail'. Below the field are two buttons: 'Create Account' (highlighted with a red box) and 'Next' (with a right arrow icon). At the bottom is a blue button labeled 'Employee Login' with a person icon.

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.



The image shows the 'Sign In' page of the Arthrex Research Portal. It has a 'Username' field with the placeholder 'mail@mail.com' and a 'Password' field with an eye icon for toggling visibility. Below these fields is a blue 'Sign in' button. At the bottom, there are three links: 'Forgot password?' (highlighted with a red box), 'Unlock account?' (highlighted with a red box), and 'Help'.

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 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 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.

Arthrex Research Portal

My Requests

Help

H

My Requests

+ New request

Request-ID IIRR-01769 Title Request Research Grant xx	Creation Date 10/8/24	Type Investigator Initiated Study	Status Submitted	
Request-ID IIRR-01767 Title Title	Creation Date 10/7/24	Type Registry	Status Submitted	
Request-ID IIRR-01764 Title Open Request	Creation Date 10/4/24	Type Investigator Initiated Study	Status 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.

Arthrex Research Portal

My Requests

Help

H

My Requests

+ New request

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

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.

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

< Back Next > Save Draft Submit

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

1

2

3

4

5

6

Info

Contact

Proposal

Timeline

Products

Budget

Contact Information

Requester

Salutation

First name

Last name

Phone

Job title

E-Mail

Department

Institution

Principal Investigator

☐ Same as Requester

Salutation

First name

Last name

Phone

Job title

E-Mail

Department

Institution

Research Coordinator

☒ Same as Requester

Grant Recipient Organization (Contracting Party)

Name of Primary Contract Liaison

Email

Institution (Legal Party Name for Agreement)

Department

Address

Zip

City

State / Province

Country

Federal Tax ID

e.g. Federal Tax ID, VAT ID

Co-Investigators

+ Add

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.

New - Investigator Initiated Study

1

2

3

4

5

6

7

8

Info

Contact

Proposal

Timeline

Products

Budget

Feasibility

Submission

Research Proposal

Study Title

Required.

Study Type

Required.

Study Portfolio

Required.

Background / Motivation

Required.

Study Objective(s) (aims, purposes, hypotheses)

Required.

Primary Endpoint(s)

Timeline

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

New - Investigator Initiated Study

1

2

3

4

5

6

7

8

Info

Contact

Proposal

Timeline

Products

Budget

Feasibility

Submission

Timeline

Estimated Date of First Patient In / Estimated Testing Start Date

Required.

Estimated Date of Final Report/Manuscript Draft Submission

Required.

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.

New - Investigator Initiated Study

1

2

3

4

5

6

7

8

InfoContactProposalTimelineProductsBudgetFeasibilitySubmission

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

Type

Quantity

Remove

+ Add

AR-2323SLM (QTY: 1) Suture Anchor, SwivelLock® SP 5.5 mm x 24.5 mm Self Punching, Verted

AR-2324BCC (QTY: 5) Suture Anchor, BioComposite SwivelLock® C, 4.75 mm x 19.1 mm, Closed Eyelet

AR-2324BCC-1 (QTY: 1) Suture Anchor, BioComposite SwivelLock® C, 4.75 mm x 19.1 mm, Closed Eyelet, 1Pack

swivelock

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.

New - Investigator Initiated Study

1

2

3

4

5

6

7

8

InfoContactProposalTimelineProductsBudgetFeasibilitySubmission

Itemized Budget

Item 1

Name

Study Related Tasks or Materials

Personnel Costs?

Dedicated Personnel

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

Amount of hours

Proposed Costs

Currency

Subject to Overhead?

Remove

+ Add

Personnel Costs?

Dedicated Personnel

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

Amount of hours

Proposed Costs

Currency

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

Field	Value
# of Sub-Investigator(s)	
# of GCPs of Sub-Investigator(s)	
# of Study Nurse(s)	
# of GCPs of Study Nurse(s)	
# of Research Coordinator(s)	
# of GCPs of Research Coordinator(s)	
# of Statistician(s)	
# of GCPs of Statistician(s)	
# of Data Manager(s)	
# of GCPs of Data Manager(s)	
# of Other Staff	
Please specify Other Staff	

Please upload the corresponding CVs. To upload multiple files, please archive them to 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/Test 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](#).

Submit

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.

New - Registry

1 Info 2 **Contact** 3 Details 4 Products 5 Support 6 Submission

Contact Information

Requester

Salutation: Mrs x First name: Anna x Last name: Heinz x
Phone: 02181238981 x Job title: x E-Mail: heinz.anna@web.de x
Department: x Institution: Testing x

Main point of contact for Registry

☐ Same as Requester

Salutation: x First name: x Last name: x
Phone: x Job title: x E-Mail: x
Department: x Institution: x

Grant Recipient Organization (Contracting Party)

Name of Primary Contract Liaison: x Email: x
Contracting Party (Legal Party Name for Agreement): x
Address: x

Registry Request Details

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

New - Registry

1 Info 2 Contact 3 **Details** 4 Products 5 Support 6 Submission

Registry Request Details

Registry Name: x
Registry Website Link: x
History: e.g. background, founding year, members
Main Sources of Funding: e.g. state funding, industry funding
Registration Activation Year: if not active, provide the estimated year of activation x
Registry Mission/Objective: x
Literature Utilizing Registry Data: x

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.

New - Registry

1

2

3

4

5

6

Info

Contact

Details

Products

Support

Submission

Arthrex Products

☒ The registry allows product identification

Please list all the Arthrex products that are currently in your registry

Required

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

< Back

Next >

Save Draft

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.

New - Registry

1

2

3

4

5

6

Info

Contact

Details

Products

Support

Submission

Sponsorship Support

Item 1

Name

Required

Requested Cost

Required

Currency

Required

Remove

+ Add

Please indicate how these funds are used

Required

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

< Back

Next >

Save Draft

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 'Submission' step is currently active. Below the progress bar, the 'Submission' section includes a text area for 'Additional Comments'. A prompt states: 'Please upload the following documents if available and applicable.' This is followed by a section for 'Ethics approval or waiver' with a '+ Choose' button and a question mark icon. Below this is a file upload area with the text 'Drag and drop files to here to upload.' and another '+ Choose' button. A section titled 'Additional File, if needed' also contains a '+ Choose' button. A required checkbox is present: 'I agree to the [terms and conditions](#). Required.' At the bottom right, a note says 'To send your application, please click on "Submit" below.' Navigation buttons include '< Back', 'Next >', 'Save Draft', and 'Submit'. A modal window titled 'Data validation issues' is open in the foreground, displaying a red 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'. The progress bar at the top indicates steps 1 (Info), 2 (Contact), 3 (Organization), 4 (Details), 5 (Support), and 6 (Submission). The form fields include: Salutation (Mrs), First name (Anna), Last name (Hornz), Phone (0278123888), Job title, E-Mail (hornz.anna@web.de), Department, and Institution (Tosling). There are 'Back' and 'Next' buttons at the bottom left, and 'Save Draft' and 'Submit' buttons at the bottom right. A small 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 at the top indicates steps 1 (Info), 2 (Contact), 3 (Organization), 4 (Details), 5 (Support), and 6 (Submission). The form fields include: Name of the Organization, Website Link of the Organization, History (e.g. background, founding year, members, vision), Main source of funding (e.g. state funding, society, funding), Contracting Details (Name of Primary Contract Liaison, Email, Contracting Party (Legal Party Name for Agreement), Address, Zip, City), and a checkbox for 'Please check this box if this is a non-profit organization'. There are 'Back' and 'Next' buttons at the bottom left, and 'Save Draft' and 'Submit' buttons at the bottom right. A small 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 at the top indicates steps 1 (Info), 2 (Contact), 3 (Organization), 4 (Details), 5 (Support), and 6 (Submission). The form fields include: 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, Evaluation Criteria, Selection Process). There are 'Back' and 'Next' buttons at the bottom left, and 'Save Draft' and 'Submit' buttons at the bottom right. A small 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](#).

New - Research Grant

1 Info 2 Contact 3 **Organization** 4 Details 5 Support 6 Submission

Sponsorship Support

Item 1

Name	Requested Cost	Currency

[Remove](#)

[+ Add](#)

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

New - Research Grant

1 Info 2 Contact 3 Organization 4 Details 5 Support 6 **Submission**

Submission

Additional Comments

Additional Files, if needed

[+ Choose](#)

Drag and drop files to here to upload.

Please make sure that your request is complete!

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

Data validation issues

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

[Ok](#)

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

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.

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.

