

# project evaluation

To direct your inquiry to the right expert, tell us about your project

## WHAT SORT OF SUPPORT DO YOU NEED?

<input type="checkbox"/>	REGULATORY STRATEGY & SUBMISSIONS	<input type="checkbox"/>	CLINICAL OPERATIONS
<input type="checkbox"/>	QUALITY SYSTEMS	<input type="checkbox"/>	DATA MANAGEMENT/ BIOSTATISTICS
<input type="checkbox"/>	AUDITING	<input type="checkbox"/>	MERGER & ACQUISITION DUE DILIGENCE
<input type="checkbox"/>	HEALTH ECONOMICS/REIMBURSEMENT	<input type="checkbox"/>	OTHER(PLEASE SHARE):
<input type="checkbox"/>	CLINICAL STRATEGY		

## BACKGROUND INFORMATION

DESCRIBE YOUR MEDICAL PRODUCT.	Device description	
	Device class	
	Help me establish device class.	
DESCRIBE YOUR INTENDED USE.	Intended use	
	Help me define intended use.	
DO YOU HAVE CLEARANCE TO MARKET?	Yes; geography	
	Help me devise a strategy.	
DO YOU HAVE REIMBURSEMENT?	Yes; geography	
	Help me devise a strategy.	
<b>CONTACT</b>		
CONTACT INFORMATION	Name	
	Company	
HOW DO YOU WANT RCRI TO CONTACT YOU?	email	
	telephone	



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