



### Ardelyx Investigator Sponsored Trial Concept Form

All fields are required. If a field is not completed, please note the reason. If not applicable, please indicate N/A.

#### Proposed Study Title

Preliminary Study Title

#### Principal Investigator Contact Information

Name

Title

Institution

Address 1

City, ST, Zip

Phone/Fax

E-mail

#### Study Information

Agent

Disease State

Number of Subjects

Type of Support Requested

Funding  
If funding, specify amount

Drug

Both

#### Background and Rationale

#### Hypothesis

**Study Objectives**

**Study Design/Research Plan**

**Treatment Plan (dosing and schedule, treatment duration, study duration, duration of follow-up)**

**Statistical Plan**

**Publication Plan**

**Attachments**

**Investigator(s) curriculum vitae**

**Preliminary budget**