PainDetect is Copyrighted.

To access this measure, please follow these steps:

1. Fill out request form (pages 2-5 of this document)
2. Email the form to: IQVIA_COAs@iqvia.com

In addition:

- A Cronos licensing agreement with updated "Terms and Conditions" will be required for all licensees.
- Translation development and screen reviews will be managed by IQVIA (i.e., translation by 3rd party vendors will no longer be permitted)

Once you have the Copyright license, please share your license with HEAL_CDE@hsc.utah.edu for access to the Common Data Elements for this measure.

Both English and Spanish CRFs are available.

IMS Health & Quintiles are now IQVIA™

REQUEST FORM

<table>
<tr><td>1</td><td>Specify type of request</td><td>☐ New Instrument License
☐ Amendment Instrument License
☐ Instrument Scoring (IQVIA to score the completed instruments)</td></tr>
<tr><td>1a</td><td>Specify instrument for which request in row 1 above is needed and Translations Needed
(please enter all that apply)</td><td><table><tr><th>Instrument</th><th>Country</th><th>Language</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table></td></tr>
<tr><td>2</td><td>Complete Name of Project Sponsor
(please enter Full Legal Name)</td><td></td></tr>
<tr><td>2a</td><td>Sponsor Company Classification (please select one)</td><td>☐ Pharmaceutical Company
☐ CRO
☐ For-profit Hospital
☐ For-profit Healthcare System
☐ Other for-profit company type (please write in):
_____
☐ Non-profit Hospital
☐ Other non-profit company type (please write in):
_____
☐ Government
☐ Registered Charity
☐ Academic University
☐ Other (please write in):
_____</td></tr>
<tr><td>3</td><td>Project Funding Source
(please enter Full Legal Name)</td><td></td></tr>
<tr><td>3a</td><td>Project Funding Source Classification
(please select one)</td><td>☐ Pharmaceutical Company
☐ CRO
☐ For-profit Hospital
☐ For-profit Healthcare System
☐ Other for-profit company type (please write in):
_____
☐ Non-profit Hospital
☐ Other non-profit company type (please write in):
_____
☐ Government
☐ Registered Charity
☐ Academic University
☐ Other (please write in): _____</td></tr>
<tr><td>4</td><td>Full Legal Name of Company Signing the Agreement (please note the</td><td></td></tr>
</table>

Version dated 25 October 2022

	company signing the agreement and paying for the invoice must be the same)	
5	Names of Any Third Parties Accessing/Administering/Scoring the selected instrument *(please list all applicable and enter Full Legal Name for each one)*	
6	Full Legal Name of Company Responsible for Compliance with Legislation on Post-marketing Safety / Pharmacovigilance and Clinical Research Guidelines (e.g., from the IRB/EC) for this Project	
7	Full Legal Name of Company that is the Marketing Authorization Holder for the Project (MOH) and is the Applicant	
8	Project Classification *(please select one)*	**Research:** ☐ Phase I Clinical Trial ☐ Phase II Clinical Trial ☐ Phase III Clinical Trial ☐ Phase IV Clinical ☐ Observational (real-world) Project ☐ Registry ☐ Student Project ☐ Other *(please write in):* _____ **Healthcare Provider Use:** ☐ Routine Care ☐ Other *(please write in):* _____

9	Project Disease Area	☐ Acute Care ☐ Allergy/Immunology ☐ Cardiovascular ☐ Dermatology ☐ Endocrinology ☐ Gastrointestinal ☐ Hematology ☐ Hepatology ☐ Infectious Disease ☐ Medical Genetics ☐ Nephrology ☐ Neurology ☐ Oncology ☐ Ophthalmology ☐ Orthopedics ☐ Psychiatry ☐ Respiratory ☐ Rheumatology ☐ Transplantation ☐ Women's Health/Sexual Health ☐ Other *(please write in):* _____
10	Project Primary objective	
11	Project Secondary objective	
12	Project Exploratory objective	
13	Planned study endpoint for the selected instrument *(please select one)*	☐ Primary Endpoint ☐ Secondary Endpoint ☐ Exploratory Endpoint ☐ Other *(please write in):* _____
14	Is there a study objective to assess the psychometric properties of the selected instrument?	☐ Yes ☐ No
15	Number of Sites	
16	Number of Subjects	
17	Age of project population	
18	Mode of Administration *(please mark all that apply)*	☐ Paper ☐ Electronic ☐ Phone ☐ Interactive Voice Response ("IVR") ☐ Other *(please write in):* _____
18a	If Mode of Administration is Electronic, on what type of device may the selected instrument be accessed? *(please mark all that apply)*	☐ Computer ☐ Tablet *(specify all models, e.g. TABLET IPAD AIR 2):* _____ ☐ Smartphone *(specify all models, e.g. IPHONE 6):*

		_____ ☐ BYOD *(please write in which devices will be used e.g. Tablet, Smartphones, etc.):* _____ _____ ☐ Other *(please write in)*: _____
18b	If Mode of Administration is Electronic, who is providing the device for questionnaire completion?	☐ Patient ☐ Project Sponsor ☐ Other *(please write in)*: _____
18c	If Mode of Administration is Electronic, how is the selected instrument programmed?	☐ eCOA Platform *(please write Full Name)*: _____ ☐ Web Browser ☐ Other *(please write in)*: _____
19	Name of eCOA Vendor *(only if Mode of Administration = Electronic)* *(please mark all that apply – Please also enter Full Legal Name of the company migrating the paper COA to the electronic format if different from eCOA Vendor)*	☐ Clario (ERT) ☐ IQVIA ☐ Medidata Solutions ☐ Signant Health ☐ YPrime ☐ Other *(please write in)*: _____
20	Are you interested in IQVIA's eCOA platform? *(only if Mode of Administration = Electronic)*	
21	Number of administrations per subject	
22	Expected First Patient In Date	
23	Project End Date	
24	Have you contracted IQVIA to run any aspects of this project? If so, for which services have you contracted IQVIA (Planning, Execution/Data Collection, and/or Reporting)? *Please indicate all*	
25	How did you learn about the instrument?	☐ Use in previous study of ours ☐ Literature ☐ PubMed ☐ Other *(please specify)*: _____ ☐ IQVIA Website ☐ Word of mouth *(please specify)*: _____ ☐ Other *(please specify)*: _____
26	Will the COA data from this project be used in a labeling claim?	☐ Yes Please specify Agency to which the labeling claim will be submitted: ☐ FDA ☐ EMA ☐ Other ☐ No