Study Request Form (equipment) Date:					
Company	Study Monitor (name/position)				
Address		TEL		FAX	
Type of stu	ıdy			1111	
Test equipment			(Manufactu	aring No.)
Control equipment			(Manufactu	aring No.)
Return of test equipment		Yes/No (Disposal: Yes/No) Disposal method			
Deadline of final report		Desired:			
1. Name of the equipment to be tested:					
Trade name: 2. Purpose of use, efficacy or effect:					
3. Appearance, structure and principle:					
4. Raw materials and components:					
5. Specifications:					
6. Method of operation or use:					
7. Production method:					
8. Storage method and validity period:					
9. Precaution on handling (required if any):					
10. Other (designation of the test system, etc.):					

Notes

(1) Please let us know if you apply the test substance for approval.

(2) Regarding GLP studies, please let us know the results of pre- and post-study analyses and stability test of the test substance and stability in the solvents on procedural grounds.