

Study Request Form (Ocular study) (Example)

Date:

Company		Study Monitor (name, position)	
Address			
TEL		FAX	
Type of study	Pharmacological test / Other (Toxicity tests, etc.)		
Test substance			
Control substance			
Purpose	Reliability standard	For: Drug application/licensing/patent/other ()	
	Other	In-house use/licensing/patent/other ()	
Test substance after study completion		Return / Storage" during the study materials storage period (fee-based); thereafter return or storage (fee-based))	
Deadline of final report	Desired:		
<p>1. Animals: mice/rats/rabbits/dogs/cynomolgus monkeys</p> <p>2. Method and frequency of administration</p> <ul style="list-style-type: none"> • Ocular instillation (Frequency:) • Subconjunctival (Frequency:) • Anterior chamber (Frequency:) • <u>Intravitreal</u> (Frequency: 1) • Other (Frequency:) <p>3. Type of study (Put a ○ on request)</p> <ul style="list-style-type: none"> • <u>Study of laser-induced CNV models</u> • Study of light-induced retinal degeneration model(rats) • Study of IOP models (monkeys, dogs, rabbits) • Study of water loading-induced retinal ischemia model • Study of dry eye model(rabbits) • Other ocular studies(Request to item 5) <p>4. Test substance information (solubility, stability, storage conditions, Lot No., precaution on handling):</p> <p>5. Other (please enter your request):</p>			

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.



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