



STUDY REQUEST FORM

Form#: DUHS/IBBPS/SOP-020/FM/05
Revision#: 05
Review Date: 16th July, 2020
Effective Date: 20th July, 2020

Sponsor Name: _____

Address: _____

Contact Person Name: _____

Designation: _____

E-Mail: _____ Contact #: _____

INVESTIGATIONAL PRODUCT DETAIL:

TEST DRUG

Generic Name: _____ Brand Name: _____

Dosage Form: _____ Strength: _____

Name of Manufacturer: (if different from Sponsor) _____

REFERENCE DRUG

Reference Product's Name: _____

Dosage Form: _____ Strength: _____

Name of Manufacturer & Address: _____

Service Required: BE Study BA Study PK Study
 Any Other: _____

Required Study Design: _____

Number of Volunteer to be involved (if sponsor like to mention) _____

Regulatory Submission: _____

Sponsor Representative: _____ Dow BE Study Center Representative: _____

Signature & Date

Signature & Date

Note: Study Request Form can be submitted electronically. Separate Forms shall be filled for each molecule.