

APPLICATION FORM – LUNDBECK COMPOUND DONATION FOR NON HUMAN USE

Name of INVESTIGATOR	E-mail address	
Title or Function	Degree(s)	
Institution	Telephone and/or fax	
Department	Head of Department	
Street		
City/Postal code		Country
Compound		Amount
Outline of Proposed Study i.e. purpose, <i>in vitro/in vivo</i>, amount, preparation, investigation, procedure, comparison, references etc.		

FOR OFFICE USE	Date (yyyy/mm/dd)	Initials
Request received		
Form sent		
Form received		
Approved		
Compound sent		
Results received		

Internal No	Batch No	Amount sent	Date (yyyy/mm/dd)	Initials
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