

CLIENT QUESTIONNAIRE

I. About You

1. Name of Organization

2. Category

() University, () Foundation, () Institution,
() CRO company, () Pharmaceutical Company,
() Other, Please specify: _____

3. Contact Information

Address: _____

E-mail: _____

Tel: _____ **Fax:** _____

4. Contact Person

Name: _____ **Title:** _____

E-mail: _____

Tel: _____ **Fax:** _____

II. Purpose/Aims of the Study

5. What is the title of the study?

6. What is the purpose of the study, e.g. proof of concept, safety, and efficacy?

7. Will you be submitting the obtained data to a regulatory body? If so, which one?

8. What are the study time-lines, proposed start dates?

9. Are there any particular time-related imperatives (yes/no)? If yes, please describe.

III. Objectives and Endpoints

10. What are the primary objectives of the study?

11. What are the primary endpoints of the study?

IV. Design of the study

12. Type of cancer: _____

13. Model system: Cell line _____

Tumor tissue line _____

Mice _____

Graft site: S.C._____, **Renal**_____,

Orthotopic_____

Period:_____ (tumor formation+treatment)

End point: Tumor volume assessment Yes No

Specimen collection: **Blood** **Fresh tissue** **Frozen tissue**

Formalin **O.C.T** **Multi- organs**

Others_____

14. What are the specific measurements you request? What are the time schedules of these measurements?

15. Are there any particular devices or methods that could be recommended for the study? If you already have the protocols for these devices or methods, would it be possible to provide them to CBI?

16. Is there any other information you can provide to CBI that is useful for obtaining the measurements? (e.g., cell line growth features such as take rate and doubling time in the designated mouse strain and graft site)

17. If you select a cultured cell line as a model, will you provide with cultured cells or will the cells have to be cultured by the CBI?

Yes

No

V. About the test compounds

18. How many compounds do you want tested (Including positive and negative controls)

19. What dosages of the test compounds will be used?

20. Do you want us to do a pilot study to determine the IC₅₀ and toxicity of the compound(s)?

21. To the best of your knowledge, will the candidate test compounds be harmful to animals? Do the test compounds have potential toxicity? If yes, what are they?

VI. About the Animals

22. What kind of mice and how many are required for the drug evaluation, i.e. strain, sex, age.

23. Is there any specific requirement for the mice involved in your study?

24. If repetitive use of animals applies, will the test results be influenced by possible interactions between the test compounds?

25. Will the animals be sacrificed after the study?

VII. About the specimen or samples

26. Please state if you require biological samples obtained in your study to be returned to you upon completion of the tests. If yes, please specify them and provide requirements.

27. Please state if you require CBI to destroy the samples in accordance with appropriate SOPs.

28. Please state if you require CBI to keep your samples stored and specify conditions of storage to be used.

VII. Other logistics

29. Will there be any investigator present at CBI facility throughout the study?

**30. Is there any other information you could provide before the test?
(Any reference regarding test material and animal, dose-related, schedule, toxicity, PK study)**

31. Other comments
