

Investigator Sponsored Trial Application Form

Please return form to Jubilant Radiopharma Medical Affairs: medicalaffairs@jdi.jubl.com

Application Date			
Name of Grant Requestor		Contact Phone	
Institution Name		Contact Fax	
Institution Address		Contact Email	
Product which is subject of the study		Type of study Clinical or Preclinical	
Grant amount request in US Dollars		Other support requested	
Does Study require IRB approval? (Yes or No)		Expected duration of study	
Tax Identification Number (TIN):		Principal Investigator license number:	

The Jubilant Radiopharma Research Review Committee will evaluate each Application based on the following information:

Study Overview:	
Primary Objective:	

Radiopharmaceuticals Division

Jubilant DraxImage Inc., dba Jubilant Radiopharma
16 751 TransCanada Highway, Kirkland, Québec, Canada H9H 4J4
Telephone: +1 (514) 694-8220 or +1 (888) 633-5343
Fax: +1 (514) 694-3865 or +1 (866) 431-4288
www.jubilantradiopharma.com

Investigator Sponsored Trial Application Form-*continued*

Secondary Objectives:	
Methodology: Study Type: Study Endpoints: Study Design: Study Measures:	
Study size and estimated recruitment period:	
Potential Publication plan:	
Budget Requested from Sponsor:	
Additional Resource requirements from Sponsor	
Primary investigator CV	Please attach Investigator CV with submission

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