

Proposal form GLP study

Please fill out the following information with as much detail as you can, in order for us to provide you with an accurate quote as soon as possible.

Company Name: _____

Contact Person: _____

Project Name: _____

Preferred date for initiation of the study (YY/MM/DD): _____

Preferred date for final report (YY/MM/DD): _____

Should the study be performed in compliance with GLP: YES NO

Should the study be performed in duplicate: YES NO

What is the nature of the product: Blood product MAb Recombinant protein
Tissue product Other (specify) _____

If relevant, where will the product be marketed: Europe USA
Asia Other

Will a representative from your company be present during the process steps: YES NO

Process steps to be tested	Model viruses	Processing time	Number of points for sampling	If representative(s) will be present, please specify for which step(s)

Additional information and/or requests: (e.g. large volume plating or robustness)
