**APPLICATION FORM FOR Acute Dermal Toxicity Test**

**A. Requested by** (name of contact):

**B. Affiliation** (Name of the Organization/University/Company):

**C. Status** (Academic/Start-up/MSME/Big Pharma Company):

 **D. Contact Details**

1. Address:
2. Email :
3. Phone :

**E. Regulatory compliance**

Relevant regulatory compliance for the generation and handling of the synthetic or natural product should be enclosed along with this application

**F. Test Substance Details (enclose as annexure with the application form)**
1)    Number of test substances (TS) to be tested:

2)    IDs/Names of the TS: (enclose as annexure with the application form):

3) Composition and concentration of the TS:

4) *In vitro* efficacy evaluation information (if available):

**G. Brief write up (no more than 1 page) for the scientific basis for synthetic or natural product testing with supporting data/literature:**

The dose, route of administration of the test substance and species of animals to be used should be suggested by the client. Any supporting literature and/or data related to the dose and route selection should be provided to us. Any toxicity and safety data available for the test substance should be shared with us. After obtaining IAEC and IBSC approval, the actual study will be initiated.