Laninamivir Material Request Form

**1. Investigator Information**

|  |  |
| --- | --- |
| Investigator name and title |  |
| Institution name |  |
| Institution Address |  |
| Phone |  |
| Fax |  |
| E-mail |  |

**2. Proposed Non-clinical Study Information**

|  |  |
| --- | --- |
| Study title/summary |  |
| Study purpose  |  |
| Study outline(design, method) |  |
| Necessary material | □Laninamivir Octanoate Hydrate (pro-drug)□Laninamivir (active metabolite) |
| Amount requested |  |
| Study period |  |
| Publication Plan |  |

Requests are reviewed, if approved a Material Transfer Agreement will be sent to you for signature. Once signed by both parties the requested material will be shipped to the address provided.