

**Pharmaxis Investigator Initiated Studies (IIS)  
PROTOCOL INFORMATION**

<b>Principal Investigator:</b>	<b>Institution:</b> <i>(name &amp; address)</i>
<b>Principal Investigator's Telephone Number:</b> <i>(Include country code)</i>	<b>Principal Investigator's Email Address:</b>
<b>Co-Investigator (s) and Institutions involved with this study:</b> <i>(name &amp; address)</i>	
<b>Protocol Name:</b>	
<b>What important scientific question is this study answering?</b>	
<b>Methodology:</b> <input type="checkbox"/> Single Centre <input type="checkbox"/> Multi Centre <input type="checkbox"/> Open Label <input type="checkbox"/> Blinded <input type="checkbox"/> Comparative <input type="checkbox"/> Non Comparative <input type="checkbox"/> Randomized <input type="checkbox"/> Non Randomized <input type="checkbox"/> Other, describe: _____ _____	
<b>Number of Patients:</b>	
<b>Estimated Study Dates:</b> First patient in: _____ Last patient enrolled: _____ Last patient completed: _____ Final report: _____	<b>Support Requested:</b> Drug:      Quantity required: <input type="checkbox"/> Aridol™/Osmohale™      _____ <input type="checkbox"/> Bronchitol™ (IDPM)      _____
<b>Is the indication within current label in your country?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, specify new indication: _____	
<b>Has Ethics approval been obtained?</b> <input type="checkbox"/> No, please indicate when: <input type="checkbox"/> Yes, please attach a copy to this request Comments: _____	

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**Publication/Presentation:**

Do you wish to publish or present this data?

No

Yes, specify where & when: \_\_\_\_\_

**Special considerations / comments:**

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**Required Attachments:**

Full Protocol (English)

Ethics Approvals

Regulatory Approval

Principal Investigator's Curriculum Vitae *(to include list of relevant publications)*