

Bioanalytical Method Sharing Request Form



**PEDIATRIC
TRIALS NETWORK**

Making drugs safer & more effective
for use in the youngest patients

Instructions: Complete the form entirely. E-mail completed form to PTN Project Manager at:

PTN-Program-Manager@dm.duke.edu

SECTION I: BASIC INFORMATION

Requestor name: _____

Address: _____

Telephone: _____

E-mail: _____

Name of bioanalytical method (drug) and matrix requested:

Intended use of bioanalytical method:

PTN approval:

_____ Date: _____

PTN comments: