

Veterinarian Study Participation Form

Date _____

Investigator contact information:

Study Monitor contact information:

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Vet ID # _____

Study Participation for NeuroQuel® (levamisole HCl), 219-FE-3.7.1

This study fulfills part of the FDA requirement for licensing NeuroQuel™ (INAD 012219). NeuroQuel™ is intended for the control of clinical signs of PNE (polyneuritis equi). NeuroQuel™ is a compressed tablet composed of an immune modulator (levamisole HCl, 550 mg). The present study investigates the use of NeuroQuel™ under field conditions. This study is a multiple site study.

I HAVE READ AND FULLY UNDERSTAND THE PROTOCOL AND THE BACKGROUND AND REQUIREMENTS OF THE STUDY. BY SIGNATURE I AFFIRM THAT, I AM A LICENSED VETERINARIAN (Vet ID #), HAVE A VALID CLIENT PATIENT RELATIONSHIP AS DEFINED IN 21 CFR 530.3(I), AND ACCEPT THE CONDITIONS STATED IN THE PROTOCOL. I AGREE AS THE RESPONSIBLE PERSON TO ADHERE TO CONDUCT ALL ASPECTS OF THE STUDY AT THIS STUDY SITE. I RECEIVED A COPY OF GFI #85 VICH GL9 INVESTIGATOR DUTIES AND RESPONSIBILITIES AND RECEIVED TRAINING FOR THE APPROPRIATE RECORDING AND HANDLING OF STUDY DOCUMENTATION, I WILL MAINTAIN IN THE STUDY DOCUMENTATION, A SIGNED AND DATED COPY OF THE STUDY PROTOCOL WHICH INCLUDES EACH STUDY PROTOCOL AMENDMENT. I HAVE REVIEWED APPROPRIATE IVPP ADMINISTRATION PROCEDURES AND RECORDING OF STUDY DATA ON THE OWNER OBSERVATION FORM WITH THE HORSE OWNER.

Signature of Investigator

Date

Please complete this form for eligibility and prior to enrollment into the study.