Project ID: _____

GCC CENTER FOR COMPREHENSIVE
PK/PD & FORMULATION

GCC Center for Comprehensive PK/PD & Formulation (CCPF)

Pharmacokinetic/Pharmacodynamic (PK/PD) Modeling and Simulation Service Request Form	
PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution:	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION *(if different from PI)*	
Requestor:	
Telephone:	Email:
PROJECT TITLE	
SERVICE(S) REQUESTED: Please select the service(s) and complete the General Product Information Form:	

Items	Note
I. Consultation on Experimental Design for PK/PD Correlation and Modeling Analyses	Consultation dates:
II. PK Modeling Development and Simulation: ☐ Individual PK Modeling ☐ Pop PK Modeling ☐ Advanced Modeling: ☐ Parent/Metabolite Co-modeling ☐ Enterohepatic cycling modeling ☐ PBPK modeling (with Biodistribution profiles) Information required for PK modeling analysis: PK studies in ☐ rats ☐ mice ☐ other: Please indicate model type if it is needed: Administration by ☐ IV ☐ IP ☐ Oral ☐ SC	
III. PD Modeling and Determination of Parameters (E_{max} and EC_{50}) ☐ Emax model ☐ Sigmoidal Emax model Information required for PD modeling analysis:	

Dose(s) evaluated: Efficacy measurement: Biomarker monitoring: Time points:	
IV. PK/PD Modeling ☐ Direct effect model ☐ Indirect effect model ☐ Define predictive PK parameter(s) for PD outcomes ☐ Define exposure/efficacy and exposure/toxicity levels ☐ Guide dosing strategy by recommending rational dose and dose regimen for further efficacy studies ☐ Interspecies allometric scaling to project PK parameters in Humans, and recommend First in Human (FIH) dose for IND application	

SIGNATURES	
PI Signature:	Date:
Requestor Signature:	Date:

Disclaimer 1: Quoted fees are best estimates for requested service. Actual cost will be determined at completion of service.

Disclaimer 2: Publication(s), presentation(s) and data resulting from this service are required to acknowledge CPRIT grant (RP180748) and CCPF investigators.

FOR CCPF OFFICE USE ONLY	
Project ID:	
Received by:	Date Received:
Service Start Date:	Service End Date:
Estimated Cost:	Actual Cost: