

ACT REVIEW: PRE APPLICATION FORM

Please complete and return your ACT pre-application form to:

Company/organization/ institute name:

Proponent name:

Target disease:

Proposed therapy/ biological target:

Proof of concept and potency, cell studies, IC50:

Proof of concept, animal studies, and effective dose:

PK data available? Yes No

Safety data available? Yes No

Stage of development (check status)

Lead optimization: Multiple compounds being evaluated to identify a clinical candidate

Candidate: Single compound / biologic selected for development

Pre-IND: GLP safety and GMP chemistry underway

Phase 1: IND filed

Phase 2: Phase 1 complete

Relevance to Disease? Why Important? (500 words max)