

ESTIMATE OF THE CLINICAL TRIAL FORMAT

**NAME OF APPLICANT:-**

**ADDRESS:-**

**CONTACT NO.:-**

**E-MAIL:-**

**NAME OF TRIAL:-**

**DURATION OF THE TRIAL:-**

	<b>MONTHS</b>
--	---------------

**SITE NAME: -** Ayurved SanshodhanVibhag, Ayurved Seva Sangh Nashik. (Arogyashala Rugnalaya)

**TRAIL TYPE: - PRE-CLINICAL / CLINICAL: - PHASE I / PHASE II / PHASE III / PHASE IV / SINGLE ARM / TWO ARM /SURVEY**

**NO OF PASEINTS: -**

	MEDICINE NAME	DOSE	DURATION
STUDY DRUG			
COMPARATOR			

**INLUSSION CRITERIA: -**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**EXCLUSSION CRITERIA: -**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**TEST FOR EVALUATION:-** QUESTIONNAIRE/LAB TEST /CLINICAL EXAMINATION

**FOLLOW UP:-** DAY 7 , 14 , 21 , 28 -----

**INVESTIGATIONS:-**

	Sr.No.	TEST APPLIED	No of Times
ELIGIBILITY CRITERIA	1.		
	2.		
	3.		
	4.		
	5.		
SAFETY CRITERIA	1.		
	2.		
	3.		
	4.		
	5.		
ASSESSMENT CRITERIA	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		