

# Data Feasibility Form

## Submission Date

(DD-MM-YYYY) .....

## Contact Information

Name: .....

Address: .....

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Telephone: .....

E-mail: .....

## Title of the Proposed Research

Enter a name for your research proposal. This will be used to identify your research proposal on LEO Pharma's web site if data access is being granted. ....

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Please enter the indication to be investigated:

.....

Is this proposal a re-submission of a previous proposal that has been reviewed by the Patient and Scientific Review Board?

Yes  No

## List of Studies

Please list the studies you would like to have access to below (number of studies not restricted). Studies can be given by name, LEO Pharma Study ID Number, ClinicalTrials.gov Identifier, and/or EudraCT Number.

1. ....

2. ....

3. ....

4. ....

5. ....

6. ....

7. ....

LEO Pharma will inform you if access to patient level data cannot be granted for a specific study because the privacy of investigated subjects cannot be safeguarded. Provided that access could be granted, you will be asked to submit a detailed research proposal - see the corporate web site for the template to use ("Research Proposal for Access to Data").