ANNEX IV b

ロマス	MDT	-

Company Name:

Audit Number:	AUDIT CERTIFICATE		
Drug : Study Number: Audit Type :		Protocol Number : IND Number :	
Study Title:			
Investigator: Address:			
Contractor(s):			
Audit Department Address		Auditor(s) :	
Tel. Fax	·		
Internal Audit Dates :	Activities	:	
External Audit Dates :	Activities :		
Date report released :			
Audit closure date :			

NA = Not Applicable (Please note the following charts are not available.)