INVESTIGATOR-INITIATED STUDY SUPPORT REQUEST FORM

Thank you for considering Verrica Pharmaceuticals for your Investigator-Initiated Study (IIS) support. Please complete and submit a copy of this completed form, with all required supporting documentation, so that we can properly evaluate your request.

Within approximately thirty (30) days of receipt of your completed request form and supporting documentation, our Review Committee will review your submission and provide a response. We will contact you if we need additional information to complete our review.

- Requests submitted less than 120 days prior to the start date may not be reviewed.
- Requests for support for studies that have already begun will not be reviewed.
- All fields are required except where indicated.

REQUESTOR INFORMATION

- Requestor Name:
- Requestor's Organizational Affiliation:
- Title/Role:
- Date Submitted:
- Email:

INVESTIGATOR/INSTITUTION INFORMATION

- Principal Investigator's Name:
- Principal Investigator's Title:
- Principal Investigator's Phone:
- Principal Investigator's Email:
- Institution Name:
- Address1:
- Address2:
- City:
- State:
- Zip Code:

PAYEE INFORMATION

- Organization Name:
- Street Address:

- City:
- State:
- Zip Code:

REQUEST OVERVIEW

- Amount requested ($US) from Verrica (including manuscript assistance):
- Products requested from Verrica (types and quantities):
- Total budget ($US):
- Is funding being requested from other organizations? If yes, please describe. If not, please enter no.

STUDY DETAILS

- Study title:
- Objectives:
    - Primary:
    - Secondary:
- Hypothesis:
- Describe the rationale and relevance to Verrica:
- Describe the proposed study design and treatment groups:
- Number of sites:
- Describe the patient population: (patient description, total number of patients, enrollment criteria, inclusion/exclusion criteria):
- Study duration:
- Key dates:
    - Start date:
    - First Patient / First Visit:
    - Last Patient / Last Visit:
    - End date:
    - Study report completion date:
- Describe the statistical analysis plan:
- Describe the publication plan:
- IRB information:
- The Sponsor will register this study on clinicaltrials.gov? (yes/no)
    - If no, please explain.

REQUIRED SUPPORTING DOCUMENTATION

- A signed letter of request on organizational letterhead specifying what is being requested from Verrica and brief description of the study
- CVs for the Principal Investigator and Sub-Investigators
- Final or draft protocol
- Signed and dated (within past 12 months) W-9 for the organization
- Detailed, line-item budget

ADDITIONAL DOCUMENTATION

OPTIONAL: Please attach any other documentation or include additional information that you believe could assist us in reviewing your request.

CERTIFICATION

Verrica is committed to compliance with all applicable federal and state pharmaceutical industry laws, regulations, and guidelines. By submitting this application, you represent your commitment to act in accordance with the above in the event that your request is approved.

Submission of this Request Form and supporting documentation does not constitute nor represent a funding commitment by Verrica. Funding decisions are subject to approval by Verrica's Review Committee, which may approve or decline a request in its sole and absolute discretion.

Verrica reserves the right to award less than the amount requested based on program merit, business objectives, and budgetary constraints. If, for any reason, the study does not begin or is terminated early, or the awarded funds prove to be in excess of the estimated program costs, the unused portion of the grant shall be returned to Verrica. Verrica will not provide supplemental grants retrospectively to cover expense overages.

By submitting this request, you confirm that this request is unrelated to the future purchase, use or recommendation of Verrica products. In addition, you acknowledge that the Principal Investigator is responsible for conducting the study in accordance with the protocol, applicable institution policies, generally accepted standards of Good Clinical Practice (GCP)/Good Laboratory Practice (GLP), and all applicable laws and regulations governing the performance of the study.

Acknowledgement

I hereby certify that the information provided in this request form is complete and correct, and that I have the authority to submit this request on behalf of the organization requesting support.

Name:

Title:

Date: