

**INVESTIGATIONAL NEW DRUG (IND)
DRUG INFORMATION SHEET (A)**

I. List study drugs:

Investigational

Marketed/Placebo, etc

Is the study conducted under a **sponsor's IND** (e.g., drug company)?

YES Complete section **II only**.

NO Complete Section **III only**.

II. Complete if study is being conducted under a **sponsor's IND number**.

A. Name of sponsor/agency:

B. Name of investigational drug:

C. Phase of IND study:

D. FDA IND #:

E. Attach copy of completed FDA form # 1572 and one copy of PI's CV.

F. Supplier of drug(s)? Pharmacy (MUSC; VAMC)

Other (Specify):

Agency Sponsor:

III. Complete if study is being conducted under an **investigator-sponsored IND** submission:

A. Name of study drug:

B. Name of Investigator:

C. **Attach completed copy of FDA form #1571 (IND Application Form) with all attachments.**

D. **Attach completed copy of FDA form #1572 (Statement of Investigator Form) and one copy of PI's CV.**

E. Supplier of drug(s)? Pharmacy (MUSC; VAMC)

Other (Specify):

F. Has IND application already been submitted to FDA?

YES **Attach copy of FDA letter** giving assigned PI IND#.

IV. Revised PI Statement of Assurance is:

on file at the IRB *or*

attached.