

**(ONCOLOGY GROUP/NCI PROTOCOLS ONLY)**  
**DRUG INFORMATION SHEET (C)**

I. Oncology Group Name & Number:

II. Phase of Study:

III. List **all** Study Drugs below:

Investigational Drug Name	IND/NCI #	Source of Drug (NCI, Pharmacy, Oncology group, etc.)

Marketed Drug Name	Source of Drug

*If additional drugs are involved, attach sheet giving above information on each.*

IV. If drug(s) are **supplied** and **shipped** to this Institution, a letter must be attached from the supplier (on their letterhead) indicating their agreement to provide drug(s) and stating FDA/IND status of all drug(s).

ATTACHED                       N/A

V. A current 1572 form and CV/Bio. on **all** study investigator(s) has been previously submitted to the IRB office and is on file:

YES                                       NO

If **NO**, attach form #1572 & CV/Bio. on each investigator to be added to study.

VI. Revised PI Statement of Assurance is:

- on file at the IRB *or*
- attached.