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| Drug FormFor Clinical Investigations |
| **Name of Drug:**Click or tap here to enter text.Is there an IND? Yes [ ]  No [ ]  To determine whether the drug requires an IND, review this FDA GuidanceIf Yes:IND Number:Click or tap here to enter text.Holder of IND:Click or tap here to enter text.Confirmation via:[ ]  Sponsor protocol imprinted with the IND[ ]  Written communication from sponsor[ ]  Written communication from FDA (i.e., this would be if the investigator is the holder of the IND)If No, will drug be used as per approved indication?[ ]  Yes, confirmation via (select below):[ ]  Package Insert[ ]  OtherBrand name(s) of drug:[ ]  No, please **ATTACH** documentation of exemption from requirement for an IND submission. |
| **Source of Drug**Sponsor Name:Click or tap here to enter text.Non-sponsor Manufacturer, if applicable:Click or tap here to enter text.Drug Form:Click or tap here to enter text.Strength/Dose and Frequency:Click or tap here to enter text.Route of Administration:Click or tap here to enter text. |
| **Additional Attachments**[ ]  Attach documentation of agreement from the QMC Research Pharmacy\*[ ]  Attach any Investigator Brochure associated with the drug\*Please contact Kelly Watanabe, PharmD at kewatanabe@queens.org to request a review of your research to determine if resources are available to support your study. |
| **Authorized Prescribers (include any investigators listed on research):**Click or tap here to enter text. |
| **In Case of Adverse Reaction, notify (list name and phone number):*****Principal Investigator:*** Click or tap here to enter text.***PI Designee:***Click or tap here to enter text.***Medical Director of Manufacturer:***Click or tap here to enter text. |