

**INVESTIGATIONAL DRUG DATA FORM**

(To be completed for any non-FDA approved drug)

IRB #:	
PI Name:	
Study Title:	

Name of Drug:			
Chemical Name/Other Name:			
IND #:			
Source of Supply:			
Usual Dose:			
Dosage form(s)/Strength(s):			
Route(s) of Administration:			
Special Administration Instructions (if any):			
Clinical Uses:			
Possible side-effects:			
Antidote:			
Literature References:			
Comments:			
Physician(s) to contact in case of emergency:			

_____	
<b>Name (Printed or Typed)</b>	
_____	_____
<b>Signature</b>	<b>Date</b>

CC: Director of Pharmacy (copy will be sent by IRB)