

For Drugs, Devices, or Other Active Agents to be Used

1.	List marketed drugs being used in the study that will be us	ed for an FDA	approved indication.
2.	List marketed drugs in the study that are approved for othe administration, dosage greater than FDA recommendation		n unapproved route of
3.	List investigational drugs under FDA regulations		
	Generic name: Trade name:	Study is: (Che Phase I Phase III N/A	e ck one) Phase II Phase VI
	Sponsor name:	Required: IN	D#
4.	List chemicals, metabolites, or biological agents not controlled by FDA regulations that will be administered to subjects.		
5.	Describe the use of an investigational device. Give the nar in the protocol describing the device, its potential hazards, harzards. Why does the device sponsor consider the device significant risk device?	and safeguard	ls against possible

Name of device (Check one) Phase I Phase II Phase III

Device is **(check one)** Significant Risk Device

Non-significant Risk Device

HCFA Reimbursement (Check one) Category A

Category B

Sponsor name: Required: IDE# or

Protocol Development Program (PDN)#

6. Will subjects be exposed to radiation from procedures that are part of the research study and not part of their routine clinical care? Yes No

(If "Yes", describe below <u>and</u> request approval from the Radiation Safety Committee – 777-3180) Date submitted: