



INVESTIGATIONAL DRUG DATA SHEET
RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

(All responses must be typewritten. This form must be complete prior to release of drug)

(Please complete a separate form for each drug used; please attach pages if additional space is needed)

PRINCIPAL INVESTIGATOR(S):

PROTOCOL TITLE AND NO.:

DRUG NAME:

SYNONYMS

IND# or NSC#

MANUFACTURER OR SOURCE:

DOSAGE FORM(S) AND STRENGTH (S):

THERAPEUTIC USE:

PROBABLE MODE OF ACTION:

PHARMACOLOGY: *(include absorption, metabolism, excretion, serum, levels, etc):*

FDA Status: Phase I Phase II Phase III Phase IV Treatment IND

STUDY SITE(S): Inpatient RPSLMC Outpatient RPSLMC
 Other:

AUTHORIZED PRESCRIBERS:

Individual to be contacted (24 hours/ day) for additional information on the drug:

Name

Telephone

SIDE EFFECTS AND TOXICITIES: (*All must be listed*) Vesicant: Yes No

SPECIAL PRECAUTIONS: (*e.g., Drug Interactions, Contraindications, Allergies, etc.*)

DOSAGE : (*Usual, Range and Duration of Use, and Modifications*)

ADMINISTRATION DIRECTIONS: Oral IV Push IV Infusion IM
 Other

PREPARATION PROCEDURES:

STABILITY AND STORAGE REQUIREMENTS:

Prior to Use: Room Temperature Refrigerator Freezer Protect from Light

Other

After Mixing: