## INVESTIGATIONAL DRUG INFORMATION RECORD

1. **TITLE OF STUDY**
2. **RESPONSIBLE INVESTIGATOR** (Individual who signed Form FD-1573)
3. **PRINCIPAL INVESTIGATOR** (If different than responsible investigator)
4. **ALL DESIGNATIONS FOR DRUG** (Generic and chemical, code, trade-names, other designations)
5. **MANUFACTURER OR OTHER SPONSOR**
6. **SOURCE OF DRUG** (If other than manufacturer or sponsor)
7. **THERAPEUTIC CLASSIFICATION AND EXPECTED THERAPEUTIC EFFECT(S)**
8. **DOSE FORMS AND STRENGTHS**
9. **IS THIS DRUG A CONTROLLED SUBSTANCE?**
   - **YES**
   - **NO** (If "YES," complete Item 9B)
   - **CLASSIFICATION**
10. **STABILITY AND STORAGE REQUIREMENTS**
11. **DRUG ADMINISTRATION PROCEDURES**
   - **A. ROUTES OF ADMINISTRATION**
     - **ORAL**
     - **I.V. INFUSION**
     - **I.V. PUSH**
   - **B. ADMINISTRATION DIRECTIONS**
   - **C. RECONSTITUTION DIRECTIONS**
12. **DRUG ADMINISTERED BY**
13. **ROUTINE DOSAGE RANGE**
14. **KNOWN SIDE EFFECTS AND TOXICITIES**
15. **DOUBLE BLIND?**
   - **YES**
   - **NO** (If "YES" complete Items 15B and 15C)
   - **NAME OF INDIVIDUAL WHO HAS CODE DESIGNATION**
   - **TELEPHONE NUMBERS**
      - **DAYTIME**
      - **EVENING**
16. **SPECIAL PRECAUTIONS** (Include drug interactions (synergisms, antagonisms), contraindications, etc.)
17. **ANTIDOTE**
18. **STATUS**
   - **INVESTIGATIONAL**
   - **PHASE I**
   - **PHASE II**
   - **PHASE III**
   - **COMMERCIAL AVAILABLE**
   - **OTHER (Specify)**
19. **NAMES OF AUTHORIZED PRESCRIBERS**
   - **A.**
   - **B.**
   - **C.**
   - **D.**
20. **SIGNATURE OF RESPONSIBLE OR PRINCIPAL INVESTIGATOR**
21. **APPROVED BY**
   - **A. SUBCOMMITTEE ON HUMAN STUDIES**
   - **B. RESEARCH AND DEVELOPMENT COMMITTEE**
22. **PATIENT IDENTIFICATION** (I.D. plate or give name - last, first, middle name)

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**SUPERSEDES EXISTING STOCK OF VA FORM 10-9012, AUG 1982, WILL BE USED.**