

HSC Docket # H-

**SECTION VII  
INFORMATIONAL DRUG DATA FORM  
DEPARTMENT OF PHARMACY**

Docket #: H-

Drug Name or Code No.:

Other Name (s):

Drug Company Name:

Is the drug approved by the FDA for the treatment described in this protocol?

IND#:

Protocol Title:

Dosage Form and Strength:

Dose (Approx.  
Human):

Route of  
Administration:

Schedule:

Special Instructions for Administration:

Pharmacologic/Therapeutic Properties:

Possible Side Effects:

Precautions:

Drug Interactions:

Treatment of Overdose:

Literature References:

UMMHC Source:

Pharmacy

Other (Specify):

Storage Requirements:

Principal Investigator (s): \_\_\_\_\_

Co-Investigator (s): \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Submitted By: \_\_\_\_\_

Approved By (Chief of Clinical Department or Service): \_\_\_\_\_

Reviewed by Investigational Drug Service: \_\_\_\_\_

Lucie LaJeunesse, R.Ph.

(DATE)