

EMERGENCY INVESTIGATIONAL AGENT COVER SHEET			
1. REQUESTING ACTIVITY		2. DATE	
3. NAME OF DRUG/DEVICE/BIOLOGIC		4. SUPPLIER	
5. SPONSOR	TEL #	6. IND/IDE#	7. PHASE OF STUDY
8. PRINCIPAL INVESTIGATOR	PAGER	9. DEPARTMENT	10. PHONE: FAX: E-MAIL:
11. PATIENT'S NAME/AGE	SPONSOR SSN	12 STATUS (ACDU; RET, DW)	
13. CLINICAL INDICATION (Briefly describe the patient's condition and need for this treatment. Per FDA, you must justify that the condition is life threatening or would lead to severe disability . Examples of severely debilitating conditions include blindness, loss of arm, leg, hand or foot, loss of hearing, paralysis or stroke. Further, you must justify why the use of this agent must proceed before review at a convened meeting of the IRB is feasible.)			
15. SIGNATURE - PRINCIPAL INVESTIGATOR		DATE/TIME	
16. SIGNATURE - CPHS CHAIRMAN		DATE/TIME	
17. SIGNATURE - COMMANDING OFFICER		DATE/TIME	
<p>ENCLOSURES: (1) Protocol</p> <p>(2) Copy of completed FD-1571/1572</p> <p>(3) IDCI on Investigational Drug Manufacturer's Brochure on Investigational Device</p> <p>(4) Curriculum Vitae on Principal Investigator</p> <p>(5) Copy of patient consent Immediate result of the investigational usage Case summary (<i>to be submitted only at end of drug use</i>)</p>			