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| --- | --- |
| G-12 NEW DRUG DATA **IRB # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Upon approval from P & T Subcommittee, and after the patient has consented to participate, the investigator must assure that this completed form is filed/scanned in to the patient’s medical record.*⚫File most recent sheet of this number ON BOTTOM⚫ | DATEHOSP. #NAMEBIRTH DATEADDRESSIF NOT IMPRINTED, PRINT DATE, HOSP. #, NAME AND LOCATION |
| **Generic Name:** | **Trade Name:** |
| **Other Names: (e.g., Chemical Name, Investigational Name/Number, IND# if applicable)** |
| **Drug Class:** | **Use:** |
| **Site and Mechanism of Action:** |
| **Onset of Action:** | **Duration of Action:** |
| **Metabolism & Excretion:** |
| **Dosage:** | **Duration of Study Drug Treatment:** |
| **Interacting Drugs:** |
| **Adverse Effects:** |
| **Toxicity Management:** |
| **Investigator Names** | **Preferred Contact Phone #** | **Hospital extension/pager #** |
|  **1.** |  |  |
|  **2.** |  |  |
|  **3.** |  |  |
| **References:** |
| **Double Blind Test? ❑Yes ❑No** |  |

Revised 8-22-18 UNIVERSITY OF IOWA HOSPITALS AND CLINICS

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