INVESTIGATIONAL DRUG DATA SHEET
EMORY HEALTHCARE

Sponsor Protocol # ____________________________

IRB # ____________________________

DRUG NAME:

BRIEF STUDY TITLE:

Site and Mechanism of Action:

Onset of Action: Duration of Action:

Metabolism & Excretion:

Dosage/Administration: Duration of Study Drug Treatment:

Interacting Drugs:

Adverse Effects:

Toxicity Management:

Investigator Names Home Phone # Hospital Extension/pager#
1.
2.
3.

References:

Double Blind Study? □ Yes □ No Date Completed: