

**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: