FORM FD-1573 (8/64)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
FOOD AND DRUG ADMINISTRATION

STATEMENT OF INVESTIGATOR

TO SUPPLIER OF DRUG *(Name and Address)*	NAME OF INVESTIGATOR *(Print or Type)*
	DATE
	NAME OF DRUG

Dear Sir:

The undersigned, _____,
submits this statement as required by section 505(i) of the Federal Food, Drug, and Cosmetic Act and §130.3 of Title 21 of the Code of Federal Regulations as a condition for receiving and conducting clinical investigations with a new drug limited by Federal (or United States) law to investigational use.

1. THE FOLLOWING IS A STATEMENT OF MY EDUCATION AND EXPERIENCE:

a. Colleges, universities, and medical or other professional schools attended, with dates of attendance, degrees, and dates degrees were awarded.

b. Postgraduate medical or other professional training: Dates, names of institutions, and nature of training.

c. Teaching or research experience: Dates, institutions, brief description of experience.

d. Experience in medical practice or other professional experience: Dates, institutional affiliations, nature of practice, or other professional experience.

e. Representative list of pertinent medical or other scientific publications: Titles of articles, names of publications and volume, page number, and date.

(If this information has previously been submitted to the sponsor, it may be referred to and any additions made to bring it up to date.)

2. IF ANY HOSPITAL, INSTITUTIONAL, AND CLINICAL LABORATORY FACILITIES, ETC., ARE AVAILABLE AND WILL BE EMPLOYED IN CONNECTION WITH THE INVESTIGATION, AN IDENTIFICATION OF EACH FOLLOWS:

(If this information has previously been submitted to the sponsor, reference to the previous submission will be adequate.)

(Continued on reverse)