## NATIONAL ACADEMY OF SCIENCES—NATIONAL RESEARCH COUNCIL Division of Medical Sciences

## DRUG EFFICACY STUDY

## Form A

(To be submitted in duplicate by applicant)

1. NI	- DA Number	брзо7 г. <b>(</b>	2. Date Originally	Approved	December 3,	1953	_ 3. Rx ไ <del>ไ</del> OTC □
4. Br	rand Name	Chloromy	cetin Solution				
5. Ap	pplicant's Name	Parke, Da	vis & Company				
an	nd Address	Joseph Ca	ampau at the River:	Detroit.	Michigan		
			6. Qua	ntitative Form	ula		
Establi	ished (Non-Proprie	tary) Name of A	ctive Ingredients (in order show	n on label)		Amount (per	tablet, per ml., etc.)
Chloramphenico1						0.5 Gm.	/2 cc. vial
7. D	osage Form (table	ts, etc.)	ampoule				
			new drug application covers parate forms should be used.).	pe	renteral		
9. TI	herapeutic Claims-	—Attach 10 lab	els and 10 package inserts	(if used) to or	iginal Form A (blue)	and 1 copy to duplic	cate Form A (white).
th	ist of literature ref ne package insert, and 1 copy to dup	or brochure. A	rtinent to an evaluation of the pproximately 5 to 10 key re white).)	effectiveness o ferences are rec	f the drug for the pu juested, if available. (	rposes for which it is (Attach 10 copies to o	offered in the label, riginal form A (blue)
11. TI	he applicant is inv	vited, if he so d This supplementa	esires, to submit any unpublish iry material should be packag	ed material the	at is pertinent to the A (white). A single c	evaluation of the dru copy of this material i	g by the Academy— s requested.

12. In this space, please list and describe briefly the supplementary material that is submitted with Form A (white).