*IND Withdrawal or Closure Request: Cover Page Template*

INVESTIGATIONAL NEW DRUG

IND Withdrawal Request

Date: [Insert Month Day, Year]

IND Number: [Insert IND Number ###,###]

Form 1571 Serial Number: [Insert Serial Number from 1571####]

Drug Name: [Insert Drug Name]

Sponsor-Investigator: [Insert Name]

 [Insert Title]

 [Insert Address]

 [Insert Phone Number]

 [Insert Fax Number]

 [Insert Email Address]