*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]