

DIETARY SUPPLEMENT, HERBAL REMEDY, OR OTHER COMPLEMENTARY OR ALTERNATIVE REMEDY FORM

You must attach a PDF copy of the Investigator's Brochure/or package insert (including toxicity, previous animal/human studies, bibliography).

1. Please complete the table below:

Planned Investigational Use	Common Use
Study drug Generic name: Commercial name:	
Indication:	Common use same as investigational use If different from investigational indication, Common Indication:
Patient population(s):	Common population same as investigational population If different from investigational population, Common patient population(s):
Dose(s):	Investigational dose common If investigational dose not common, Common Dose(s):
Route(s) of administration (check all that apply) Oral Intravenous Intramuscular Subcutaneous Topical Ocular Other (Please list): _____	Investigational routes(s) common If investigational route(s) not common, Common Route(s) of administration are (check all that apply): Oral Intravenous Intramuscular Subcutaneous Topical Ocular Other (Please list): _____
Dosing regimen: _____	

2. **Attach the results of purity, pyrogenicity and potency testing** (Cost of Analysis Certificate).
3. **The source/manufacturer of the agent** (please include both name and address):

Dietary Supplement, Herbal Remedy, or Other Complimentary or Alternative Remedy Form
 Study Title:
 PI:
 IRB#:
 Approval Date: