**INVESTIGATIONAL NEW DRUG APPLICATION (IND)  
(TITLE 21, CODE OF FEDERAL REGULATIONS (CFR) PART 312)**

Form FDA 1571 (07/18)

1. **NAME OF SPONSOR**

{{sponsor\_name}}

1. **DATE OF SUBMISSION**

{{submission\_date}}

1. **NAME OF DRUG (Include established and proprietary names)**

{{drug\_name}}

1. **INDICATION(S) (Covered by this submission)**

{{indication}}

1. **PHASE(S) OF CLINICAL INVESTIGATION TO BE CONDUCTED**

{{phase}}

NAME AND TITLE OF THE PERSON RESPONSIBLE FOR MONITORING THE CONDUCT AND PROGRESS OF THE CLINICAL INVESTIGATIONS  
{{contact\_name}}, {{contact\_title}}  
  
NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO WHOM QUESTIONS ABOUT THE APPLICATION SHOULD BE DIRECTED  
{{contact\_name}}  
{{sponsor\_address}}  
{{contact\_phone}}  
{{contact\_email}}  
  
SIGNATURE OF SPONSOR OR SPONSOR'S AUTHORIZED REPRESENTATIVE  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
TYPED NAME AND TITLE  
  
{{authorizer\_name}}, {{authorizer\_title}}