Drug Information Center
Investigational Drug Section
757 Westwood Plaza
Room B524
Los Angeles, CA 90095
310–267-8522
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UCLA Health System
Pharmaceutical Services

Investigational Drug Study Application

This form must be completed with each **INITIAL** submission to request Ronald Reagan UCLA Pharmaceutical Services participation in the Clinical Research Protocol as described below.

Submission Date (please stamp)			
IRB #	☐ UCLA IRB ☐ Western IRB		
Title of Study			
Principal Investigator	Name:		
	Phone:		
	Email:		
Department		**Division**	
Study Coordinator or Contact Personnel	Name:		
	Phone:		
	Email:		
Fund Manager	Name:		
	Phone:		
	Email:		
Account #		**Recharge #**	
Study Monitor	Name:		
	Phone:		
	Email:		
If applicable, please provide or order Interactive Voice Response System (IVRS) (or equivalent) envelopes for three Pharmacy personnel.	The Investigational Drug Section requires codes for three separate personnel: Dean Goldstein, Pharmacy Technician (dgoldstein@mednet.ucla.edu) Bill Hirokawa, Pharm.D., (whirokawa@mednet.ucla.edu) Christina Shin, Pharm.D., (csshin@mednet.ucla.edu)		

Please submit hard copies to this office (preferably IRB approved) along with this application:

- ☐ Protocol
- ☐ Investigator's Brochure (specify drug(s) _____
- ☐ Informed Consent Form

Please note: The Investigational Drug Section of the Department of Pharmaceutical Services will access the above items from the IRB website in order to complete the protocol review. Once IRB approval and a signed contract have been obtained, a current and valid account number and recharge ID must be submitted in order to activate the study. In addition, a copy of the IRB Approval notice and the approved consent form must be submitted to activate the study. Complete activation will take a minimum of **SEVEN** business days after receiving **ALL** of the information requested in gray on this application, including the study account number and recharge ID.

P.I. Signature:_____ Date: _____

Print Name: _____