

Research Advisory Panel of California Office of the Attorney General 455 Golden Gate Avenue, Suite 11000 San Francisco, CA 94102-7004

For RAPC Office Use Only:
Date Received
DP#

# Application for Review

#### ACADEMIC HUMAN RESEARCH SCHEDULE I OR SCHEDULE II CONTROLLED SUBSTANCES

#### **Research Advisory Panel of California**

All applicable sections of the application must be completed within the form field provided. Please type or print legibly. Note that certain fields require supporting attachments. Incomplete fields or missing attachments will delay the application process.

Description:

# A. TITLE AND DESCRIPTION OF STUDY

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Title: \_\_\_\_

□ Copy of Study Protocol Attached (Required)

# **B. PRINCIPAL INVESTIGATOR**

#### □ Copy of CV of Principal Investigator (Required)

Name:		 		
Institution:	·····	 		<u> </u>
Address:				
City, State, Zip:	· · · · · · · · ·	 · · · · · ·	• .	
Direct Contact Phone Number:	· .	 · · · · · · · · · · · · · · · · · · ·		
Direct Contact E-mail Address		 		

# C. LOCATION WHERE STUDY WILL BE CONDUCTED

D. STUDY AND COMPARATOR DRUGS (List study and comparator drugs and dosages - attach monograph for each. Include placebo if applicable)

Study Drug	Dose Range(s)

# E. SOURCE OF STUDY DRUGS

#### F. PLAN FOR STORAGE AND ACCOUNTABILITY OF STUDY DRUGS

If pharmacy based - storage and accountability plan not required - provide name and location of pharmacy

# G. PLANNED NUMBER OF SUBJECTS

H. STUDY DURATION FOR EACH SUBJECT

# I. ANTICIPATED STUDY START-UP AND COMPLETION DATES

CONSENT	<ul> <li>Copy Attached of Informed Consent Fo</li> <li>Review the <u>Consent Form Check List</u></li> </ul>	rm to be used with Study (Required
NAME AND AD	DRESS OF IRB; IRB REVIEW STATUS	□ IRB Approval Pending □ IRB Approval Obtained
		(Copy Attached)
	- PROVISIONS FOR HANDLING OF ME	DICAL EMERGENCIES
study drug is bein	- <b>PROVISIONS FOR HANDLING OF ME</b> og administered at an onsite research lab, offic ndling any medical emergencies that might occ	DICAL EMERGENCIES e, clinic, or hospital setting, a desci
study drug is bein	g administered at an onsite research lab, offic	DICAL EMERGENCIES e, clinic, or hospital setting, a desci
study drug is bein	g administered at an onsite research lab, offic	DICAL EMERGENCIES e, clinic, or hospital setting, a desci
study drug is bein f provisions for har  I. If Applicable -	g administered at an onsite research lab, offic	DICAL EMERGENCIES e, clinic, or hospital setting, a description. cur is required. Attach description.

# O. ACKNOWLEDGMENT & SIGNATURE OF PRINCIPAL INVESTIGATOR

As a final step in completing this application, Principal Investigator acknowledges that, upon receipt of Panel approval, he/she will comply with all Panel requirements.

Signature