



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 \_\_\_\_\_

PR# \_\_\_\_\_

## 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.

#### A. TITLE AND DESCRIPTION OF STUDY

Copy of Study Protocol Attached (Required)

Title: \_\_\_\_\_

\_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### B. PRINCIPAL INVESTIGATOR

Copy of CV of Principal Investigator  
(Required)

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Direct Contact Phone Number: \_\_\_\_\_

Direct Contact E-mail Address: \_\_\_\_\_

**C. LOCATION WHERE STUDY WILL BE CONDUCTED**

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**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**

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

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

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**G. PLANNED NUMBER OF SUBJECTS**

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**H. STUDY DURATION FOR EACH SUBJECT**

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