Temple University
Temple University Hospital
DEPARTMENT OF PHARMACY

INVESTIGATIONAL DRUG DATA SHEET

This patient is a participant in a clinical trial. This form contains information about the investigational drug and comparator agents being utilized in the study protocol.

Please read the information carefully.

Protocol Title: _____

Open Label ____ Blinded ____

Principal Investigator: _____
Sub-Investigator(s): _____
Research Coordinator(s): _____

DRUG DATA

Section A – provide information on the Investigational Drug
Section B – provide information on the Comparator Agents (if applicable)

A. Investigational Drug Name:

- **Pharmacological Class:** _____
- **Pharmacological Action:** _____
- **Antidotes, if any:** _____

Brief Description of Therapeutic or Diagnostic Indications:

_____
_____

- **Dosage Form(s) and Strength(s) used in study:** _____
- **Route**: _____
- **Administration Schedule (i.e. daily, q12h, q24h):** _____

Potential Adverse Reactions:

_____
_____

Contraindications: _____

Drug-Drug-interactions: _____
Drug-Food interactions: _____

Storage Conditions on floor: _____
May This Drug Be Administered By Nursing? _____

- **IV Fluid (Diluent) and Volume: _____**
- **Concentration: _____**
- **Rate of Administration: _____**
- **Infuse through Dedicated Line? _____**

B. <u>Comparator Agent(s) or Placebo</u>** (if applicable): _____

- **Pharmacological Class: _____**
- **Pharmacological Action: _____**
- **Antidotes, if any: _____**

Brief Description of Therapeutic or Diagnostic Indications:

_____
_____

- **Dosage Form(s) and Strength(s) used in study: _____**
- **Route**: _____
- **Administration Schedule (i.e. daily, q12h, q24h): _____**

Potential Adverse Reactions:

_____
_____

Contraindications: _____

Drug-Drug-interactions: _____
Drug-Food interactions: _____

Storage Conditions on floor: _____
May This Drug Be Administered By Nursing? _____

- **IV Fluid (Diluent) and Volume: _____**
- **Concentration: _____**
- **Rate of Administration: _____**
- **Infuse through Dedicated Line? _____**

<u>PHYSICIAN / NURSING IMPLICATIONS</u>

- **Special Monitoring of Patient (i.e. vital signs, laboratory studies, etc.):**
  _____
  _____
- **Length of Treatment: _____**
- **Prohibited Concomitant Medications: _____**

Supplies Available in Inpatient Pharmacy? _____
Location of Supply, if not Pharmacy: _____

Unused Investigational Drug must be returned to the Department of Pharmacy.

CONTACT INFORMATION

Principal Investigator **Phone: _____**

Study Coordinator **Phone: _____**

IRB #

Completed IDDS Forms are to be submitted to the Research Pharmacist in the Inpatient Pharmacy.