CLINICAL WARNING

**REQUIRED** (Complete all of the following):

Protocol Title:

Principal Investigator:
Phone Number:
Pager:
E-Mail:

Co-Investigators:

Study Coordinator:
Phone Number:
Pager:
E-Mail:

**Important Information** (including any FDA-approved medications and/or medical devices)

**OPTIONAL** (Complete the following as determined by the PI):

Persons Responsible For Prescribing Drugs For This Study:

1) All Designations For Drug #1
   Generic Name:
   Trade Name:
   Dosage Forms and Strengths:

   Source of Drug:

   Expected Therapeutic Effects:

   Usual Therapeutic Dose and Range for Study:

   Route and Rate Of Administration:

   Possible Adverse Effects, Known Side Effects and Toxicities:

   Storage:

   Special Handling Precautions For Pharmacists and Nurses (describe in detail):
2) All Designations For Drug #2
   Generic Name: 
   Trade Name:

   Dosage Forms and Strengths:

   Source of Drug:

   Expected Therapeutic Effects:

   Usual Therapeutic Dose and Range for Study:

   Route and Rate Of Administration:

   Possible Adverse Effects, Known Side Effects and Toxicities:

   Storage:

   Special Handling Precautions For Pharmacists and Nurses (describe in detail):