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Check Date!

This is where an individual PI is listed. Each PI completes a 1572. The IND sponsor may or may not be a PI.

Check box for CV and attach CV of the PI. Customary practice is a 'signed and dated CV' but this is not required by regulation.

May attach additional sheets if necessary.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION STATEMENT OF INVESTIGATOR (TITLE 21, CODE OF FEDERAL REGULATIONS (CFR) PART 312) (See instructions on reverse side.)	Form Approved: OMB No. 0910-0014. Expiration Date: May 31, 2009. See OMB Statement on Reverse. NOTE: No investigator may participate in an investigation until he/she provides the sponsor with a completed, signed Statement of Investigator, Form FDA 1572 (21 CFR 312.53(c)).
1. NAME AND ADDRESS OF INVESTIGATOR	
2. EDUCATION, TRAINING, AND EXPERIENCE THAT QUALIFIES THE INVESTIGATOR AS AN EXPERT IN THE CLINICAL INVESTIGATION OF THE DRUG FOR THE USE UNDER INVESTIGATION. ONE OF THE FOLLOWING IS ATTACHED.	
<input type="checkbox"/> CURRICULUM VITAE <input type="checkbox"/> OTHER STATEMENT OF QUALIFICATIONS	
3. NAME AND ADDRESS OF ANY MEDICAL SCHOOL, HOSPITAL OR OTHER RESEARCH FACILITY WHERE THE CLINICAL INVESTIGATION(S) WILL BE CONDUCTED.	
4. NAME AND ADDRESS OF ANY CLINICAL LABORATORY FACILITIES TO BE USED IN THE STUDY.	
5. NAME AND ADDRESS OF THE INSTITUTIONAL REVIEW BOARD (IRB) THAT IS RESPONSIBLE FOR REVIEW AND APPROVAL OF THE STUDY(IES).	

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Usually UNC IRB unless you are using Constellation. Of course, multi-center trials will have different IRBs depending on the site location.

5. NAME AND ADDRESS OF THE INSTITUTIONAL REVIEW BOARD (IRB) THAT IS RESPONSIBLE FOR REVIEW AND APPROVAL OF THE STUDY(IES).
6. NAMES OF THE SUBINVESTIGATORS (e.g., <i>research fellows, residents, associates</i>) WHO WILL BE ASSISTING THE INVESTIGATOR IN THE CONDUCT OF THE INVESTIGATION(S).
7. NAME AND CODE NUMBER, IF ANY, OF THE PROTOCOL(S) IN THE IND FOR THE STUDY(IES) TO BE CONDUCTED BY THE INVESTIGATOR.

UNC IRB Address

This is any Sub-I or other personnel who make clinical decisions including fellows, residents, PA's and NP's.

Title of your protocol(s). Usually just one!

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8. ATTACH THE FOLLOWING CLINICAL PROTOCOL INFORMATION:

- FOR PHASE 1 INVESTIGATIONS, A GENERAL OUTLINE OF THE PLANNED INVESTIGATION INCLUDING THE ESTIMATED DURATION OF THE STUDY AND THE MAXIMUM NUMBER OF SUBJECTS THAT WILL BE INVOLVED.
- FOR PHASE 2 OR 3 INVESTIGATIONS, AN OUTLINE OF THE STUDY PROTOCOL INCLUDING AN APPROXIMATION OF THE NUMBER OF SUBJECTS TO BE TREATED WITH THE DRUG AND THE NUMBER TO BE EMPLOYED AS CONTROLS, IF ANY; THE CLINICAL USES TO BE INVESTIGATED; CHARACTERISTICS OF SUBJECTS BY AGE, SEX, AND CONDITION; THE KIND OF CLINICAL OBSERVATIONS AND LABORATORY TESTS TO BE CONDUCTED; THE ESTIMATED DURATION OF THE STUDY; AND COPIES OR A DESCRIPTION OF CASE REPORT FORMS TO BE USED.

9. COMMITMENTS:

I agree to conduct the study(ies) in accordance with the relevant, current protocol(s) and will only make changes in a protocol after notifying the sponsor, except when necessary to protect the safety, rights, or welfare of subjects.

I agree to personally conduct or supervise the described investigation(s).

I agree to inform any patients, or any persons used as controls, that the drugs are being used for investigational purposes and I will ensure that the requirements relating to obtaining informed consent in 21 CFR Part 50 and institutional review board (IRB) review and approval in 21 CFR Part 56 are met.

I agree to report to the sponsor adverse experiences that occur in the course of the investigation(s) in accordance with 21 CFR 312.64.

I have read and understand the information in the investigator's brochure, including the potential risks and side effects of the drug.

I agree to ensure that all associates, colleagues, and employees assisting in the conduct of the study(ies) are informed about their obligations in meeting the above commitments.

I agree to maintain adequate and accurate records in accordance with 21 CFR 312.62 and to make those records available for inspection in accordance with 21 CFR 312.68.

I will ensure that an IRB that complies with the requirements of 21 CFR Part 56 will be responsible for the initial and continuing review and approval of the clinical investigation. I also agree to promptly report to the IRB all changes in the research activity and all unanticipated problems involving risks to human subjects or others. Additionally, I will not make any changes in the research without IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.

I agree to comply with all other requirements regarding the obligations of clinical investigators and all other pertinent requirements in 21 CFR Part 312.

These are the commitments the PI is agreeing to uphold.

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INSTRUCTIONS FOR COMPLETING FORM FDA 1572 STATEMENT OF INVESTIGATOR:				
1. Complete all sections. Attach a separate page if additional space is needed.				
2. Attach curriculum vitae or other statement of qualifications as described in Section 2.				
3. Attach protocol outline as described in Section 8.				
4. Sign and date below.				
5. FORWARD THE COMPLETED FORM AND ATTACHMENTS TO THE SPONSOR. The sponsor will incorporate this information along with other technical data into an Investigational New Drug Application (IND). INVESTIGATORS SHOULD NOT SEND THIS FORM DIRECTLY TO THE FOOD AND DRUG ADMINISTRATION.				
10. SIGNATURE OF INVESTIGATOR	11. DATE			
(WARNING: A willfully false statement is a criminal offense. U.S.C. Title 18, Sec. 1001.)				
Public reporting burden for this collection of information is estimated to average 100 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: <table border="0"><tr><td>Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (HFD-143) Central Document Room 5901-B Ammendale Road Beltsville, MD 207052-1266</td><td>Department of Health and Human Services Food and Drug Administration Center for Biologics Evaluation and Research (HFM-99) 1401 Rockville Pike Rockville, MD 20852-1448</td><td>"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."</td></tr></table>		Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (HFD-143) Central Document Room 5901-B Ammendale Road Beltsville, MD 207052-1266	Department of Health and Human Services Food and Drug Administration Center for Biologics Evaluation and Research (HFM-99) 1401 Rockville Pike Rockville, MD 20852-1448	"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."
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Please DO NOT RETURN this application to this address.				

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- Signed and dated by the PI. Try to get the date in Box 11!
- Original usually 'front to back'. Original goes to FDA but make a good copy for yourself!
- Required by regulation to update only when new information to report.