

Emergency Investigational New Drug Application (EIND) Request for Information

Please fax the following information to the Division of Antiviral Products regarding your request for Emergency Use of the Investigational Product as soon as possible:

- 1) Patient's initials:
- 2) Patient's gender:
- 3) Patient's date of birth:
- 4) Patient's weight

- 5) Brief medical summary (to include diagnosis of underlying illness):

- 6) Diagnostic lab results for identifying viral infection that will be treated with the investigational product:

- 7) Dosing regimen of the investigational agent (including loading and maintenance dosing):

- 8) The Name, Address, Phone and Fax numbers of the person sponsoring the EIND:

Send the fax to:

**Attn: Kenny Shade, JD, BSN, Regulatory Project Manager
Division of Antiviral Products, FDA
Fax # (301) 796-9883**

If you have any questions, please contact Kenny Shade at 301-796-1500.