**SPONSOR-INVESTIGATOR**

**EXPANDED ACCESS IND**

**TEMPLATE FOR WITHDRAWAL REQUEST**

Food and Drug Administration

Center for Drug Evaluation and Research

[DIVISION ]

Central Document Room

5901-B Ammendale Road

Beltsville, MD  20705-1266

**Date:**

**IND #** **Withdrawal request**

To whom it may concern,

This application requests withdrawal of the Single Patient Expanded Access IND . All clinical treatment conducted under the IND has ended.

Enclosed please find 3 copies of the following documents for your review:

* Form FDA [3926](https://www.fda.gov/downloads/aboutfda/reportsmanualsforms/forms/ucm504572.pdf)
* Summary of Expanded Access Use

Thank you for your attention to this communication. If you have any questions related to this letter, please feel free to contact me at ­­­­­\_\_\_\_\_\_\_\_\_\_ or via email at: \_\_\_\_\_\_\_\_\_\_or you may contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_ or via email:­­­­­­ \_\_\_\_\_\_\_\_\_\_\_ for administrative questions.

Sincerely yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Sponsor- Investigator**

**Printed Name of Sponsor- Investigator**