**SPONSOR-INVESTIGATOR IND**

**TEMPLATE FOR WITHDRAWAL REQUEST**

**Date:**

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

To whom it may concern,

This application requests withdrawal of IND

Enclosed, please find three copies (the original and two photocopies) of the following documents for your review:

* FDA [Form 1571](http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083533.pdf)
* FDA summary for IND withdrawal

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,

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**Signature of Sponsor- Investigator** **Printed Name of Sponsor- Investigator**