

IND# \_\_\_\_\_, MD



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[Date]

Food and Drug Administration  
[Address]

Re: [IND #, Drug name, Serial #]

## Withdrawal of IND

Dear [XXXXXX],

Enclosed please find a request to withdraw IND # [XXXX]. As of [date], the protocol [name of protocol] was terminated because [reason]. On [date] a written request was sent to the reviewing IRB requesting closure of the study. The stock of investigational drug [name drug] was [destroyed or supply alternative method of disposal].

Enclosed please find one original and two copies of the following:

- Form FDA 1571
- Final IND Report

Thank-you for incorporating these documents into this IND file.

Please contact me if you should have questions regarding this submission.

Sincerely,