Click or tap to enter a date.

Pediatric IRB Chair

Office of Regulatory Affairs

UNMC – 7830

**Re: Emergency Use Request for** Click or tap here to enter text. *Enter Drug/Device Name*

Clinical Situation:

Click or tap here to enter text. *Describe clinical history including prior therapy, response to prior therapy, reason for request including an explanation of why the patient is requiring prompt administration of the test article before review at a convened meeting of the IRB is feasible and any treatment delay will have a significant deleterious effect on the patient.*

Test Article Name:

Click or tap here to enter text.

Sponsor of Test Article:

Click or tap here to enter text.

Emergency IND#:

Click or tap here to enter text.

Anticipated Treatment Date:

Click or tap here to enter text.

Plan for Parental Consent:

Click or tap here to enter text. *Describe how and where the family will be consented*

Sincerely,

Click or tap here to enter text. *Enter name*

Click or tap here to enter text. *Enter title*

Click or tap here to enter text. *Enter UNMC or CHMC address*

Click or tap here to enter text. *Enter phone number*