

NCI Formulary Agent Intake Form

Please provide the following information for each agent pledged for the NCI Formulary

Do not include proprietary information

Generic Name

Company

Agents will be identified by their generic name if one has been assigned.

Other Names

Agent Description

Mechanism of Action

Agent Classification

Agent Molecular Targets

Development

Current Stage

Clinical

Pre Clinical

Commercially Available

Package Insert URL

Short Monograph

Please include publicly available information on the background of the agent; ie. approved indication(s), clinical and nonclinical development summary, combination studies

Information for Investigators on types of studies that may be of interest

Types of proposals that would/would not be supported including clinical studies, biomarkers, and correlatives:

Information Collaborator would like included in Investigators' request

In addition to CTEP requirements

Contact Information

Agent Specific Company Contact

Email Address

Phone Number

Investigators Brochure Company Contact

Email Address

Phone Number