Month XX, 201X

Food and Drug Administration

Center for Drug Evaluation and Research

Division of Therapeutic Area

Central Document Room

5901-B Ammendale Rd.

Beltsville, MD 20705-1266

RE: **IND Final Report - IND XX,XXX, Serial Number 000X**

Dear Dr. [Division Director]:

Enclosed please find three copies (the original and 2 photocopies) of the final IND closeout report for the above-referenced IND XX,XXX for use of DRUG in the treatment of disease. This report summarizes the progress and results of our investigations during the time interval Date to Date.

If you have any questions regarding this submission, please contact myself or Name of Sub-Investigator or other contact at phone number or email address. Name of Sub-Investigator or other contact can act on my behalf on any issue relating to this IND.

Thank you for incorporating this Final Report into the respective IND file.

Sincerely,

Sponsor Name, MD

Title

Institution

Phone number

Email address

cc: file

submitted in triplicate: *Form FDA 1571*

201X Final Report