[*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]. O*n [*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,