DATA SHEET FOR COMPOUNDS SUBMITTED FOR BIOLOGICAL EVALUATION UNDER THE AUSPICES OF THE DRUG EVALUATION COMMITTEE (DEC, CPDD)

NIH or CPDD # DATE RECEIVED (ACKN.):

NOTE TO SUBMITTERS: Samples submitted for evaluation of their physical dependence potential and abuse liability, under the auspices of the DEC, should be accompanied by validation of identify and purity (*e.g*., for **identification:** nmr spectrum, for **purity:** thin layer chromatography (TLC; 2.5 x 10 cm, or 5 x 20 cm plates). Please state the experimental conditions for spectroscopic identification and, for TLC: 1) Type of TLC plate (*e.g*., Analtech Silica Gel GF), 2) Solvent system used - (*e.g*., $CHCl_3$:MeOH:NH_4OH - 90:9:1), 3) Detecting agent - (*e.g*., iodine vapor, UV light), 4) Rf of the compound, run with a comparison standard drug (*e.g*., codeine, diazepam, PCP), if possible.

DEC POLICY ON RELEASE OF DATA

LIMITS OF CONFIDENTIALITY OF DATA: Data obtained under the auspices of the DEC will be held confidential until three years elapse from the time of receipt of the sample unless: (1) you give us explicit permission to publish such data sooner; or, (2) in the rare and unlikely event that a department, agency or instrumentality of the U.S. Government or the World Health Organization requests information on a specific compound in the interest of the public welfare (e.g., a scheduling decision). Should such a request be made, you will be notified. When any of these conditions pertain, the data obtained under the auspices of the DEC and the molecular structure of the compound will be released. Information published will not include the source of the compound, the name of the submitter, nor any biological data sent to the DEC by the submitter.

SUBMITTER - PLEASE SUPPLY THE FOLLOWING INFORMATION

CHEMICAL NAME: _____

COMMON NAME: _____

SUBMITTER: _____ **DATE SUBMITTED:** _____

FORMER CODE#: _____ **AMOUNT SUBMITTED:** _____

MOLECULAR STRUCTURE:

MOLEC. FORMULA: _____

MOLEC. WEIGHT: _____

% OF ACTIVE DRUG: _____

IMPURITIES: _____

PHYSICAL STATE (SOLID, OIL): _____

HYGROSCOPIC: *YES:* ____ *NO*: ____

POSSIBLE TOXICITY: _____

SOLUBILITY - PLEASE CHECK APPROPRIATE BOX:
(IF VERY SOLUBLE IN WATER, NO OTHER SOLUBILITY DATA ARE NEEDED)
1=>20 mg/ml; *2*=10-19 mg/ml; *3*=5-9 mg/ml;
4=1-5 mg/ml; *5*=insoluble in water

	1	*2*	*3*	*4*	*5*
1) WATER					
2) DILUTE HCl					

STABILITY

(PLEASE CHECK)

	STABLE	UNSTABLE
1) HEAT		
2) LIGHT		
3) AIR		
4) ACID		
5) BASE		

3) OTHER SOLVENT: _____

MAXIMUM RECOMMENDED TEMPERATURE FOR 24 HOUR STABILITY IN WATER (IF SOLUBLE): _____

SEND SAMPLES TO: Dr. Andy Coop; Biological Coordinator, Drug Evaluation Committee, CPDD; Department of Pharmaceutical Sciences, University of Maryland School of Pharmacy, 20 Penn St., Rm. 637, Baltimore, MD 21201. (Telephone: 410-706-2029; FAX: 410-706-0346; E-mail: acoop@rx.umaryland.edu).