

# 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

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### 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

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**Contact Information**

**Agent Specific  
Company Contact**

Email Address

Phone Number

**Investigators Brochure  
Company Contact**

Email Address

Phone Number