

National INAD Program

Advanced Sign-up and Information Sheet For Calendar Year 2009

Note: This is a non-binding preliminary sign-up form to accelerate the preparation of FDA submittals and permanent files at the National INAD Office/AADAP. Final confirmation of this information will be obtained prior to invoicing and submission of enrollment data to FDA.

Agency/Company: _____

Facility: _____

Mailing Address: _____

FedEx Address: _____

Investigator: _____ **e-mail:** _____

Phone: _____ **Fax:** _____

Current NPDES Permit Number: _____

Monitor: _____ **e-mail:** _____

Phone: _____ **Fax:** _____

Mailing Address: _____

FedEx Address: _____

Billing Information: I verify that the above-described facility would like to sign-up to participate in the National INAD Program. The total number of INADs that this facility would like to sign-up for at this time is _____, at \$400 per INAD (please note that there is no charge for the Diquat INAD). If a facility has not previously participated in the National INAD Program, please include a one-time start-up charge of \$100. The total to be billed to this facility is \$_____. Invoices will be mailed out the end of February 2009.

General Information:

1. The Investigator and Monitor can not be the same person. Investigators are responsible for conduct of studies and complete and accurate data collection. Study Monitors are responsible for supervision of the trials, adherence of the Investigator to the Study Protocol, and inspection of the site.
2. FDA and the appropriate drug sponsors will be notified of your facility's participation.
3. INAD study protocols, forms, and general INAD information can be found on the AADAP website located at <http://www.fws.gov/fisheries/aadap/home.htm> .

INAD Compounds that this Facility is Interested in participating under in 2009, Including Fish Species and Number of Fish to be Listed for Each INAD: (Instructions: In the space provided below please place an “X” in either the “yes” or “no” column for each INAD listed. If an INAD is selected (“X” in yes column), please list the species to be treated and the maximum number of each species to be treated in the appropriate columns.)

INAD Compound	Yes	No	Fish Species (common/scientific name)	Max. Number Treated
1. Oxytetracycline - Feed-additive (therapeutant/mark)				
2. Florfenicol Medicated Feed (therapeutant)				
3. Chloramine-T (BGD & external Flavobacteriosis)				
4. Diquat (BGD & external Flavobacteriosis)				
5. Oxytetracycline –Immersion (therapeutant)				
6. Oxytetracycline – Injection (therapeutant)				
7. Calcein (Immersion mark)				
8. LHRHa (luteinizing hormone-releasing hormone; spawning aid)				
9. sGnRHa – Ovaplant (salmon gonadotropin releasing hormone; spawning aid)				

INAD Compound	Yes	No	Fish Species (common/scientific name)	Max. Number Treated
10. CCP (common carp pituitary; spawning aid)				
11. CP (catfish pituitary; spawning aid)				
12. H₂O₂ (hydrogen peroxide; external parasites)				
13. SLICE (Emamectin Benzoate; external parasites)¹				

¹ Please note that the Service is in the process of obtaining INAD authorization for the use of SLICE (Emamectin Benzoate). It is currently anticipated that an INAD may be available sometime during Calendar Year 2009. If you are interested in this INAD, please note costs will be prorated to reflect actual INAD effective date.

Please fax, email, or mail completed Sign-up Forms by 12/31/08 to:

Ms. Bonnie Johnson
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 Bozeman, MT 59715

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 Ph: (406) 994-9905
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