

Transfer Investigational Agent Form

Cancer Therapy Evaluation Program
Division of Cancer Treatment and Diagnosis
National Cancer Institute
National Institutes of Health

This form is to be used for an intra-institutional transfer, one transfer/form.

TRANSFER FROM:

Investigator transferring agent: Dr.	CTEP Investigator ID:	Date of transfer:	
Name of institution:			
Street Address:	City:	State:	Zip Code:

Reason for transfer request: Protocol closed/complete Unused agent obtained for Special Exception Agent has short dating Other** _____

(**Requires verbal clarification with PMB before approval)

TRANSFER TO:

Investigator receiving agent: Dr.	CTEP Investigator ID:
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The following PMB-supplied agent for NCI-approved protocol is being transferred to NCI-approved protocol:

Received on NCI Protocol Number	Transferred to NCI Protocol Number	NSC Number	Agent Name	Strength and Formulation	Quantity	Manufacturer and Lot Number

Authorized Signature (Investigator or Designee)

Printed Name

Telephone Number

Fax Number

Email Address

Return form to:
Pharmaceutical Management Branch, CTEP, DCTD
NCI Shady Grove
Room 5W228, **MSC 9725**
9609 Medical Center Drive
Bethesda, MD 20892-9725

PMBAfterhours@mail.nih.gov

See http://ctep.cancer.gov/branches/pmb/agent_management.htm for further information.

All requested information MUST be supplied for form to be valid.