

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
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## DRUG ORDERING AND MAINTENANCE

Disclaimer: Please note that the instructions provided in this chapter mainly apply to agents provided by the Pharmaceutical Management Branch (PMB), of Cancer Therapy Evaluation Program (CTEP) of the National Cancer Institute (NCI). For investigational or study drugs supplied by pharmaceutical sponsors, follow instructions provided in the designated study protocol.

### Procurement of Investigational Agents

The information provided in this section primarily comply with the policy and procedures when the study drug is supplied by PMB at NCI. For drugs supplied by a Pharmaceutical Company or third-party payer, always refer to the protocol under Section 3 “Drug Information” for protocol-specific instructions regarding drug handling and accountability.

#### Who Can Order The Agents?

NCI-supplied agents may be requested by eligible participating Investigators (or their authorized designee) at each participating institution. The CTEP-assigned protocol number must be used for ordering all CTEP-supplied investigational agents. The eligible participating investigators at each participating institution must be registered with CTEP, DCTD through an annual submission of FDA Form 1572 (Statement of Investigator), NCI Biosketch, Agent Shipment Form, and Financial Disclosure Form (FDF). If there are several participating investigators at one institution, CTEP-supplied investigational agents for the study should be ordered under the name of one lead participating investigator at that institution.

The CTEP Pharmaceutical Management Branch (PMB) will provide direction as to when sites can order PMB-supplied agents.

Submit agent requests through the PMB Online Agent Order Processing (OAOP) application. Access to OAOP requires the establishment of a CTEP Identity and Access Management (IAM) account and the maintenance of an “active” account status, a “current” password, and active person registration status. For questions about drug orders, transfers, returns, or accountability, call or email PMB any time (240-276-6575). Refer to the PMB’s website for specific policies and guidelines related to agent management.

#### Who Supplies Investigational Agents?

Investigational agents are supplied by the Division of Cancer Treatment and Diagnosis (DCTD) of NCI through the Pharmaceutical Management Branch (PMB). Investigational agent shipment will be sent to the address designated on the Agent Shipment Form (ASF) in the investigator’s Registration and Credential Repository (RCR) profile. Direct shipment of investigational agents to the preparation site is preferred because it simplifies mail and drug handling tracking for investigators and PMB, minimizes delays in correspondence in emergencies, assures drug shipment integrity, and reduces administrative workload (maintenance of additional accountability records, drug transfer forms, and correspondence). Investigational agents from the NCI must not be re-distributed or transported to another institution or site, with the exception of satellite

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SWOG  
ONCOLOGY RESEARCH PROFESSIONAL (ORP) MANUAL

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

distribution. Satellite distribution would be to a preparation site in close proximity to the shipping address in which a direct courier service is provided. However, the central or control pharmacy service is ultimately responsible for all investigational agents received and must provide copies of all accountability records during any Cancer Treatment Evaluation Program (CTEP) directed audit.

### How To Order The Agents

The DCTD of NCI supplies most of the investigational agents for SWOG trials. In some cases, investigational agents are supplied from other sources. Always refer to the drug information section of the protocol to identify the supplier of the investigation agents. For investigational agents that are available through the NCI, the investigators or designees MUST submit agent requests through the PMB Online Agent Order Processing (OAOP) application (<https://ctepcore.nci.nih.gov/OAOP/>). Access to OAOP requires the establishment of a CTEP Identity and Access Management (IAM) account (<https://ctepcore.nci.nih.gov/iam/>) and the maintenance of an "active" account status and a "current" password. Submitters will receive a confirmation email of each successful order submission. Order status may be viewed at any time through the OAOP application.

For online ordering submissions, a confirmation email will be sent upon shipment to include the order details and tracking information.

### For Emergency Supply (Overnight) Of Study Drugs

PMB provides next day delivery to meet "emergency" or urgent needs. Orders must be submitted through the on-line agent ordering program, OAOP, by 2:00 PM Eastern Time for next day delivery. Make sure to include a note in OAOP that "next day delivery" is required, and include an express courier name (FedEx or UPS) and account number. Submitters will receive a confirmation email for successful order submission. Rush drug orders are made only in emergency situations, such as starter supplies or if the supply is unexpectedly low. Because of the additional checks with blinded agents supplied by NCI, blinded agents cannot be shipped overnight, but they can be expedited (2-day delivery).

### Initial Drug Orders For Blinded Studies

Initial drug orders are made automatically by the SWOG Statistics and Data Management Center (SDMC) for some blinded studies (see the particular protocol for details). For questions about drug orders for blinded studies, call the SDMC. For questions about other drug orders, call the Operations Office.

### Denial of Starter Supplies

In some protocols where the drug supply is limited or slow patient accrual is expected, a starter supply of the drug may not be available. Upon enrollment of a patient, use the procedure for emergency supply of drugs to order drugs or refer to the drug transfer procedures if the circumstance does not allow for timely delivery of the drugs via the emergency ordering procedure.

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

## Drug Accountability and Compliance Check Receipt of Investigational Agents

### What To Do With The Shipping Receipt

Investigational agent shipments from the PMB are accompanied by a shipment document (receipt). This document should be reviewed to identify the drug with the appropriate protocol. The shipment should be verified with the receipt for correctness and appropriate shipping conditions. Contact PMB by phone if the shipment is incorrect or damaged. Additional shipments to replace incorrect or damaged supplies should be ordered through OAOP. Always file the Drug Shipment Receipt so they will be readily accessible for future site audits.

For studies where the PMB does not provide the agent, the supplier may require a copy of the shipment receipt be faxed or mailed to the supplier to indicate acknowledgement of receipt, be sure to refer to the protocol and shipping material for appropriate handling.

### How To Complete The Drug Accountability Record Forms (DARF)

For each drug supplied for a study, an original NCI Drug Accountability Record Form or NCI Oral Drug Accountability Record Form (DARF) or equivalent form provided by the study sponsor must be maintained. These DARFs are available on the Cancer Therapy Evaluation Program (CTEP) website <http://ctep.cancer.gov/forms/>. These forms have been designed to account for drug inventories and usage on clinical trials. **A separate DARF must be used for each ordering investigator, each protocol and each research drug.** If there is more than one strength or dosage form of a drug for the same protocol, a separate DARF is required for each drug product. Electronic DARFs are allowed as long as a print version of the log process is identical to the current NCI DARF.

When completing the DARF, keep the following in mind:

1. All drug supplies received must be logged in on the drug log, i.e., drug received from the NCI or another protocol.
2. If the supply is patient specific/blinded, a patient-specific DARF is required for each patient on the study (see protocol for details).
3. Central or Control Pharmacy records must reflect returns from satellite locations. Transfers (other than to the Control Pharmacy) and destructions must not be made from a satellite DARF.
4. All shipping, return, and transfer receipts must be maintained for audit purposes

To start a new DARF, complete the upper portion of the form which may vary from the original vs the oral DARF:

1. **Page Number** (record the page number consecutively on the forms for each investigational agent used on the protocol).
2. **Control Record** (check if the record is being used to account for research drug stored at the central or control pharmacy).
3. **Satellite Record** (check if the record is being used to account for research drug at a satellite pharmacy).

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SWOG  
ONCOLOGY RESEARCH PROFESSIONAL (ORP) MANUAL

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

4. **Name of Institution** (the name of the location to which the drug is shipped).
5. **NCI Protocol No.** (NCI; may add the institutional protocol number if necessary).
6. **Local Protocol No.** (site IRB assigned number)
7. **Agent Name, (adding the NSC is recommended)**
8. **Dose Form and Strength.**
9. **Bottle Size** (# of tables/bottle)
10. **Protocol Title** (may use abbreviations if necessary.)
11. **Dispensing Area** (the location where the drug is dispensed, e.g. infusion center pharmacy, satellite location, central pharmacy).
12. **Investigator** (full name of the investigator in whose name the drug is ordered). This name should be the same as the receiving investigator on the Shipping Receipt received with the shipment from PMB.
13. **CTEP Investigator ID = Investigator NCI number.**
14. **Patient ID** (required if blinded/patient-specific supplies are provided)

#### To Make An Entry On An Existing Drug Accountability Record Form

Upon receiving a drug shipment, enter the following information in the appropriate columns:

1. **Date** (Date the drug is received including year).
2. Received from [name of the study sponsor].
3. Verify that **Patient's Initials and Patient's ID Number** are on the header (for patient specific supply only)
4. **Dose** (leave blank).
5. **Quantity Dispensed or Received** (" + " and # of vials, ampoules, tablets, or kits received).
6. **Balance Forward** (enter zero if the current page is the first page or bring the balance forward from the previous page) or **Balance** (Enter new total obtained by adding the new quantity received).
7. **Manufacturer and Lot Number** (Lot # and expiration/preparation date; if the drug shipment contains more than one lot number, make separate entry for each lot # for optimal record keeping). NOTE: this identifier should match the identifier on the NCI Shipping Receipt. For blinded studies, the Julian date/order number from the patient label (e.g. 16156-0001) should be recorded as the lot number.
8. **Recorder's Initials.**

#### What To Do With The Investigational Agents?

Investigational agents are to be stored separately by protocol and have separate DARFs. Since many protocols use the same agents, consider labeling the agent container with the drug name, dosage form, and protocol number. The investigational agents must be kept in a secure, limited access storage area, and stored under the recommended storage conditions. Investigational agents should be stored separately from any commercial supplies of medications. If more than

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

one study uses the same drug, the supplies should be stored separately and each study must have its own DARF form.

## Dispensing of Investigational Agents

### How To Dispense The Drugs At The Central Or Control Pharmacy

For drugs that are being prepared or dispensed at the control pharmacy, enter in the DARF:

1. **Date** (the date of dispensing/preparation including year).
2. **Patient's Initials** (use the same initials as for the protocol registration).
3. **Patient's I.D. Number** (patient's study number assigned at registration).
4. **Dose** (actual dose administered). PMB recommends adding the dose and schedule. This information should support the quantity dispensed.
5. **Quantity Dispensed** (“-“and # of vials, bottles, ampoules, tablets, or kits dispensed).
6. **Balance** (enter new total obtained when subtracting the # dispensed).
7. **Manufacturer and Lot Number** (lot number(s) and the expiration date(s) (if available) of the drugs; Patient-specific lot number description may apply for certain protocols; if there are more than one lot number being used, make separate entries for optimal record keeping).
8. **Recorder's Initials.**

All drugs dispensed must be labeled per Federal/State law requirements. Identification of the investigational drug/agent by the statement “Caution: New Drug—Limited by Federal (or United States) law to investigational use” on the medication label is required.

### When Can The Central Or Control Pharmacy Send Drugs To A Satellite Pharmacy?

For institutions that are located on the same campus or in close proximity to the central or control pharmacy service where transportation of the drugs can be conducted by an institution employee, transport of the investigational agents is permitted. The DCTD supplied agents must NOT be repackaged and forwarded by mail or overnight delivery services to another institution or site . The institutions should be on the NCTN roster, tied through affiliation agreements and the professional staff should be shared or have joint appointments. (NOTE: Please see the CTEP website for exceptions to the shipment of investigational agents due to the COVID-19 pandemic.)

Satellite pharmacies should follow the same procedures for drug receipt, drug preparation and dispensing, as the Central or Control pharmacy. This includes using the DARF to document investigational agent use.

### How To Transport Drugs From The Central Or Control Pharmacy To The Satellite Pharmacy

If the investigational agent is to be prepared at a satellite location, the research study drug needs to be dispensed to the satellite location. Enter in the DARF of the central or control pharmacy the following information:

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SWOG  
ONCOLOGY RESEARCH PROFESSIONAL (ORP) MANUAL

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

1. **Date** (the date including year).
2. Transported to [name of satellite location].
3. **Dose** (leave blank).
4. **Quantity Dispensed and Received** (“-“ and # of vials, ampoules, tablets or kits dispensed).
5. **Balance** (enter new total obtained when subtracting # dispensed).
6. **Manufacturer and Lot Number** (lot number(s) and the expiration dates(s) of the drugs; if there are more than one lot number being used, make separate entries for optimal record keeping).
7. **Recorder’s Initials.**

Label the package with the drug name, protocol number, patient’s name (optional) (if patient specific), Patient ID (if patient specific) and storage condition.

#### What To Do When The Drugs Are Received At The Satellite Location Or Pharmacy

Upon receiving the drugs, the satellite should enter in the Satellite DARF:

1. **Date** (the date including year).
2. Received from [name of Central or Control Pharmacy]. If this is a patient-specific supply, log into a patient-specific DARF.
3. **Dose** (leave blank).
4. **Quantity Received** (“+” and # received).
5. **Balance** (new balance obtained when adding # received).
6. **Manufacturer and Lot Number** (lot number(s) and the expiration date(s) of the drugs; if there are more than one lot number being used, make separate entries for optimal record keeping).
7. **Recorder’s Initials.**

#### Affiliates/Components At Greater Distances

Institutions that are separated geographically by greater distances (e.g. different cities or states) are not considered satellites. The drug supplier should ship investigational agents directly to these sites and these sites must be on the appropriate treatment roster.

The affiliate should follow the same procedures for drug receipt, drug preparation and dispensing, as well as the documentation required for the central or control pharmacy.

#### Documentation Of Returned Drugs By Patients

Oral agents returned by the patient can be recorded on the Oral DARF. Returns should be documented on the same line as the original dispensing of the specific supply being returned.

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

## Returning and Transferring of Investigational Agents

### When Can Drugs Be Returned To The Supplier?

For NCI approved investigational agents, investigators are required to return undispensed drugs if:

1. The study is completed or discontinued and the agent cannot be transferred to another DCTD sponsored protocol.
2. The drug is outdated
3. The drug is damaged (e.g. loss of refrigeration). Do NOT return broken vials. They should be destroyed at the clinic site according to institutional standard operation procedures following proper documentation.

Drugs should be returned within 90 days of study closure, stock recovery letter, expiration and/or last patient activity. Outdated or damaged drug should be removed from inventory immediately.

### How To Return Drugs To The Supplier or to perform Local Destruction

To return drugs to NCI, complete the Return Drug List Form and make an entry on the DARF subtracting the amount returned from the balance. A copy of the Return Drug List Form should be kept on file with the DARF for a future audit. Send the drugs and the Return Drug List Form to the NCI Clinical Drug Repository at the address indicated on the Return Drug List Form. Package the drugs securely to prevent breakage and return via mail. All drugs can be returned to NCI at room temperature using standard delivery because they will be disposed thereafter. Do NOT use "Collect" or C.O.D. shipments.

Agents that have been dispensed to a patient, opened, or partially used vials/bottles should not be returned. Partial bottles of oral agents that have been returned by patients can be documented on the DARF and destroyed according to institutional policies. Partial bottles of oral agents that HAVE NOT been dispensed to a patient should be documented on the DARF and returned to the NCI.

In general, if the research drug is a cytotoxic drug, the method of disposal should follow the recommended guidelines provided by the Occupational Safety and Health Administration (OSHA). The institution or its source for drug destruction services should have written policies and procedures for research drug destruction on site.

If a PMB supplied agent is considered a Dangerous Good (DG), it will be noted on the Shipping Receipt and on any Stock Recovery Letters that may be issued. If the agent is a DG, it may be destroyed on-site using the PMB Local Destruction mechanism. This mechanism allows for on-site destruction per your institutional policy, if the PMB documentation is completed. Supplies should not be destroyed before Local Destruction authorization has been provided by PMB.

When investigational (and sometimes commercial) agents are provided for a study by a supplier other than NCI, study drug may usually be disposed of on-site but sometimes may be requested to be returned to that supplier. Return of research study drug to these suppliers may require the use of a protocol specific Return Drug Form. Please refer to the specific protocol or contact the

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SWOG  
ONCOLOGY RESEARCH PROFESSIONAL (ORP) MANUAL

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

responsible Protocol Coordinator at the SWOG Operations Office for directions to return or dispose of the drugs. Document the disposal or return on the DARF.

### Transfer

Investigational agents may be transferred from one active protocol to another DCTD approved protocol within an institution with prior approval from PMB.

### Who Can Transfer Agents?

The “transferring” investigator must be the investigator who originally ordered the agent or the investigator to whom the agent was previously transferred (i.e. double transfer). The “receiving” investigator must be a participant on the trial to which the agent is being transferred. Transfer of NCI supplied agents shall only be made between registered active NCI investigators.

### When Can Drug Transfer Occur?

Transfer of investigational agents should be restricted to the following situations:

1. When the protocol is closed and there is another protocol at the institution that utilizes the same agent and formulation. However, transfer of DCTD-supplied agents to non-DCTD approved protocols is NOT permitted under DCTD, NCI, and FDA policies and regulations.
2. When there is excessive inventory for a protocol and the transfer will minimize drug wastage due to outdate.
3. The study drug has short dating.
4. In case of medical emergency. (e.g. an urgent approval of a protocol and a very sick patient who needed to begin therapy immediately).
5. When a drug ordered for an individual patient on Special Exception (compassionate) protocol is no longer required for the patient and there is a DCTD approved protocol at the institution using the same study drug.

### When You Should NEVER Transfer Drugs

1. Transfer of NCI supplied agents for commercial use is both prohibited and illegal.
2. Replacement of NCI supplied agents with commercial agents is also prohibited and illegal.
3. Agents for blinded studies should NEVER be transferred between protocols.
4. Borrowing of a study drug is prohibited. Study drugs should not be ordered for one protocol to replace what was “borrowed” from another protocol.

### What To Do When A Drug Needs To Be Transferred

Transfer of DCTD supplied agents from an active protocol requires prior PMB approval by phone at (240) 276-6575. PMB should be notified by phone within the next working day if emergency transfers are required during weekends or holidays, or after hours. An NCI Agent Transfer Record (<http://ctep.cancer.gov/forms/>) must be completed and submitted by email to ([PMBAfterHours@mail.nih.gov](mailto:PMBAfterHours@mail.nih.gov)) to the PMB for each agent transferred. Transfer forms should be



DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

submitted within 72 hours of the actual transfer. A copy must be retained for accountability and future audits.

## Storage of Investigational Agents

### Who Should Handle And Store The Drugs?

In accordance with the FDA guidelines on Good Clinical Practice and the Joint Commission on Accreditation of Healthcare Organization (JC), whenever possible, the pharmacy department should be responsible for drug receipt, storage, accountability, and preparation.

### How To Store The Drugs

All investigational agents should be stored in a locked, secure cabinet or area with limited access. The drugs should be stored separately from the commercially available drugs, preferable in a separate cabinet, area, or location. The drugs should be stored separately according to protocol and dosage form. If an agent is used for more than one protocol, there must be separate physical storage and accountability for each protocol. The containers should be labeled with the drug name, strength, and protocol number.

Additional information on investigational agents management and accountability can be found at:

- PMB Investigational Agent Handling videos - [http://ctep.cancer.gov/branches/pmb/drug\\_training\\_videos.htm](http://ctep.cancer.gov/branches/pmb/drug_training_videos.htm)
- PMB policies [http://ctep.cancer.gov/branches/pmb/agent\\_management.htm](http://ctep.cancer.gov/branches/pmb/agent_management.htm)
- PMB FAQs - <http://ctep.cancer.gov/branches/pmb/faq.htm>

### What Documentation Of Storage Do I Need For Audits?

A daily temperature log should be kept for the refrigerator and the freezer used for storing research drugs and should be readily available for audit inspection. Room temperature storage control should be maintained at all time to avoid excessive heating of the drugs. Light sensitive products should be kept in the original container prior to administration or an amber light protection bag should be used to provide the protection required.

## Compassionate Use, Special Exemptions, or Emergency Use of an Investigational Agent for a Patient

### Who Is Eligible?

Patients who are refractory to standard measures, who are not eligible for an ongoing research protocol, and who have a cancer diagnosis for which an investigational agent has demonstrated activity are potential candidates to receive this category of drugs.

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

### How To Enroll The Patient

The physician of the patient is required to call the sponsor, NCI at (240) 276-6575 (for NCI IND agents) or the pharmaceutical manufacturer of the drug, to obtain approval to use the drug on a patient. The following information will be required by the sponsor:

1. Patient's age, sex, diagnosis and date of diagnosis.
2. Justification for requesting the study drug.
3. Previous cancer therapy.
4. Current clinical status.
5. Intended dose and schedule of the requested drug.
6. Any proposed concomitant cancer drugs or other therapies.

Upon approval, the sponsor will provide verbal or written instructions on other information needed to complete the application. Institutional Review Board (IRB) approval and informed consent must be obtained prior to the initiation of the treatment. IRB approval varies between institutions. Please contact your IRB for their policies.

### Ordering Of The Drugs

If the request for a Special Exception from the NCI is approved, the initial shipment of the drug will be mailed upon approval of the application. Reordering of the drug will be handled like other NCI or pharmaceutical company sponsored studies as outlined in the previous section ([refer to page 1](#)).

### Handling And Documentation

Follow the same policy and procedures as the other NCI or pharmaceutical company sponsored study drugs as outlined in the previous section ([refer to page 2](#)).

### NCI Special Exception Program

[https://ctep.cancer.gov/branches/pmb/referral\\_center.htm](https://ctep.cancer.gov/branches/pmb/referral_center.htm)

### FDA Treatment Use Guidelines

<http://www.fda.gov/RegulatoryInformation/Guidances/ucm126495.htm>

## SWOG Database Pharmacy Data

Every SWOG investigator who registers patients must be linked to an assigned pharmacy in the SWOG database. The initial pharmacy assignment is done by completing the New Investigator Pharmacy Information Form (located on the SWOG website under Membership, Individual Membership – example on next page) included in the new investigator membership packet. It is preferable to use an actual pharmacy under the direct supervision of a qualified pharmacist, although it is recognized that in some cases this may not be feasible. It is also preferable to have as many investigators as possible at an institution use the same drug shipment location, although there can be exceptions to this, too, when the situation requires it.

SWOG  
ONCOLOGY RESEARCH PROFESSIONAL (ORP) MANUAL

DRUG ORDERING AND MAINTENANCE	CHAPTER 6	REVISED: MARCH 2022
----------------------------------	-----------	---------------------

The Operations Office sends an annual review of pharmacy information to the Head CRA of every Member, NCORP, and Special Member institution by email on a rotating schedule throughout the year. This review consists of a listing of all the investigators at the institution and its affiliates/ components, showing the pharmacy to which each is linked, and a report showing the contact information for these pharmacies. It is the responsibility of the Head CRA at the main institution to further distribute these to subordinate institutions as needed. Each of these documents should be reviewed, missing information added and incorrect information changed, and returned to the Operations Office by email, fax, or mail by the deadline specified.

This form can be completed on the screen, then printed and faxed or mailed, or printed and completed off-line.

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New Investigator Pharmacy Information

Shipment of investigational drugs must be made to a designated pharmacy location. The pharmacy location designated by each investigator is entered into the SWOG database to expedite drug shipment when a patient is placed on a protocol using investigational drugs. Annually you will receive a report showing pharmacy information for review and updating as necessary. Please provide initial pharmacy information below:

Investigator Name: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Institution number: \_\_\_\_\_

Pharmacy Contact Name:  
\_\_\_\_\_,  RPh  PharmD  RN  CRA  \_\_\_\_\_

Pharmacy Name and Shipping Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pharmacy Phone number: \_\_\_\_\_

Pharmacy FAX number: \_\_\_\_\_

Pharmacy Email address: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*(For Operations Office Use Only)*

Investigator number: \_\_\_\_\_

Pharmacy Number: \_\_\_\_\_