

## CHANGE IN BACK-UP PHARMACIST (FORM C)

### PERMANENT/TEMPORARY NOTIFICATION OF CHANGE IN BACK-UP PHARMACIST

This form serves to notify the Project Manager (PM) of a change in the back-up PoR and is to be used in place of a revised Pharmacy Establishment Plan. If a revised *DAIT, Pharmacy Establishment Plan (Form A)* is required, the PM will notify the PoR.

#### Instructions to the NEW Back-up Pharmacist of Record:

1. Type information directly into the online form, or clearly handwrite on a printed-out form.
2. Complete all sections.
3. Sign and date form.
4. Send a copy of the form, along with a copy of your CV, to the DAIT PM via mail or email.
5. File the original form in the pharmacy binder.

#### To Return by Mail:

Name of DAIT Project Manager  
Division of Allergy, Immunology, and Transplantation  
5601 Fishers Lane, Room 7D30  
For U.S. mail: Bethesda, MD 20892  
For FedEx or UPS: Rockville, MD 20852

#### To Return by Email:

Locate DAIT PM's email address in the study-specific manual of procedures. (*Note: DAIT PM will send copy of form to DAIT PS and the CPC.*)

Clinical Research Site Name:

Clinical Research Site Number:

Network/Consortium/Program/Grant:

Name of PREVIOUS/DEPARTING Back-up Pharmacist (*if applicable*):

Departure Date (MM/DD/YYYY):

Name of NEW/ADDITIONAL Back-up Pharmacist:

Pharmacy Phone Number:

Pharmacy Fax Number:

NEW Back-up Pharmacist Email Address:

Check only one box:

**Permanent** change  
Date effective (mm/dd/yyyy) \_\_\_\_\_

**Temporary** change  
Dates effective (mm/dd/yyyy) from \_\_\_\_\_ to \_\_\_\_\_

Please read the following statements and initial in the spaces provided:

\_\_\_\_\_ I agree to comply with all of the information contained in the currently approved DAIT Pharmacy Establishment Plan that was **signed and dated on** \_\_\_\_\_.

\_\_\_\_\_ I have, on file, a copy of the DAIT Pharmacy Guidelines, **with the date** \_\_\_\_\_, which I have read and understand. I will follow these guidelines to maintain standardization and quality.

Signature of NEW Back-up Pharmacist \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Signature Acknowledgement of PM or PS \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

ONCE THE FORM IS RECEIVED, PROCESSED, AND ACKNOWLEDGED BY THE PM, THE ACKNOWLEDGEMENT EMAIL MUST BE PRINTED OUT AND FILED WITH THE SITE'S MOST CURRENT, APPROVED *DAIT PHARMACY ESTABLISHMENT PLAN*, ALONG WITH A COPY OF THE SUBMITTED NOTIFICATION FORM.

FORM C (NOTIFICATION CHANGE IN BACK-UP PoR) MAY 2016