

**CHANGE IN CONTACT INFORMATION (FORM D)
NOTIFICATION OF CHANGE IN PHARMACIST CONTACT INFORMATION AND/OR
PHARMACY ADDRESS(ES)**

This form serves to notify the Project Manager (PM) of a change in the pharmacy phone number, fax number, pharmacist email, and/or address of the physical/shipping location and is to be used in place of a revised Pharmacy Establishment Plan; however, upon review by the PM, submission of a revised *DAIT, Pharmacy Establishment Plan (Form A)* may be required for approval.

<p>Instructions to the Pharmacist:</p> <ol style="list-style-type: none"> 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. 	<p>To Return by Mail:</p> <p>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</p> <p>To Return by Email:</p> <p>Locate DAIT PM's email address in the study-specific manual of procedures. (<i>Note: DAIT PM will send copy of form to DAIT PS and the CPC.</i>)</p>
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Clinical Research Site Name:		
Clinical Research Site Number:	Network/Consortium/Program/Grant:	
Pharmacist Name:	<input type="checkbox"/> Pharmacist of Record <input type="checkbox"/> Back-up Pharmacist	
Pharmacy Phone Number:	Pharmacy Fax Number:	Email Address:

Check all that apply for changes in pharmacist contact information:		
<input type="checkbox"/> New Pharmacy <u>Phone Number</u>	<input type="checkbox"/> New Pharmacy <u>Fax Number</u>	<input type="checkbox"/> New Pharmacist <u>Email Address</u>

Check all that apply for changes in pharmacy address(es):		
<input type="checkbox"/> New <u>Mailing</u> Address	<input type="checkbox"/> New <u>Shipping</u> Address	<input type="checkbox"/> New <u>Physical Location</u> Address
<i>Provide the new mailing address below:</i>	<i>Provide the new shipping address below:</i>	<i>Provide the new physical location address below:</i>

Signature of Pharmacist: _____ **Date (mm/dd/yyyy):** _____

Signature of the Pharmacist of Record's Supervisor: _____ **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.