

Instructions to Complete This Form:

1. Before completing and signing this form, refer to the "Transfer of Investigational Product" section in the *Pharmacy Guidelines and Instructions for DAIT-sponsored Clinical Trials*.
2. Type information directly into the online form, or clearly handwrite on a printed-out form.
3. Complete all sections (except *NIAID/DAIT Use Only* section).
4. Sign and date form.
5. Send to the DAIT PM and DAIT PS via fax or email.
6. Upon approval, retain a copy and record transfer on corresponding drug accountability record.
7. File the form in the pharmacy binder.

Investigational Product Transfer (Form H)

Division of Allergy, Immunology and Transplantation
National Institute of Allergy and Infectious Diseases (NIAID)
National Institutes of Health (NIH)

Form was Initiated by: (Name)
 Project Manager: _____

 Regulatory Officer: _____

 DAIT Pharmacist: _____

 Transfer of investigational products to a **Different** Protocol, **Same** Clinical Research Site

 Transfer of investigational products to a **Different** Protocol, **Different** Clinical Research Site

 Transfer of investigational products to a **Same** Protocol, **Different** Clinical Research Site
TRANSFER FROM:**TRANSFER TO:****SHIP TO:**

Investigator of Record Name:

Investigator of Record Name:

EMINENT Services Corporation

Clinical Research Site Name:

Clinical Research Site Name:

7495 New Technology Way

Clinical Research Site Number:

Clinical Research Site Number:

Frederick, MD 21703 USA

FROM Protocol Number	TO Protocol Number	Investigational Product Name	Strength and Dosage Form	Quantity	Manufacturer	Lot Number

NIAID/DAIT Use Only
Drug Transfer Approved Disapproved

Regulatory Officer Signature:

Date:

DAIT Pharmacist:
Date:

Project Manager Signature:

Date:

Shipping Pharmacist of Record Name & Signature:

Date:

CPC Receiving Signature:

Date: