Collection of this information is authorized under 21 CFR 312.57. This information is collected to ensure compliance with Food and Drug Administration (FDA) requirements for NCI as an IPÖ sponsor and that investigational agents are under the control and accounted for by competent authority. The information may be disclosed to researchers for investigational purposes, sponsors of clinical trials and their company collaborators, the applicable Institutional Review Board, NCI, FDA and Department of Health and Human Services. Submission of this information is voluntary, however, in order for you to conduct a study in accordance with relevant, current protocols, you must complete all fields.

Form Approved: OMB No. 0925-0613 Expires: 11-30-2027

Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0613). Do not return the completed form to this address.

Investigational Agent Accountability Record Oral agents ONLY		National Institutes of Health National Cancer Institute Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program		PAGE NO. CONTROL RECORD SATELLITE RECORD	
Name of Institution:	Investigato	r Name:			CTEP Investigator IDK
Protocol Title:	NCI Protocol No:		Local Protocol No:	Dispensing Area:	
Agent Name:	Dose Form	and StrengthK		Bottle size (e.g., # tablets/b	ottle):

Line Date Patient's Patient's ID No.		5	Quantity	Balance Forward	Manufacturer	Recorder's	Expiration	Date	Quantity	Recorder's	
	Dose	Dose Dispensed or Received	Balance	and Lot No.	Initials	Date (if available)	Patient Returned	Patient Returned	Initials		
1.											
2.											
3.											
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