

# Transfer Investigational Agent Form

This form is to be used for an intra-institutional transfer, one transfer/form.

Cancer Therapy Evaluation Program  
 Division of Cancer Treatment and Diagnosis  
 National Cancer Institute  
 National Institutes of Health

## TRANSFER FROM:

Investigator transferring agent: Dr.	NCI Investigator Number:	Date of transfer:	
Name of Institution:			
Street Address:	City:	State:	Zip Code:

Reason for transfer request:  Protocol closed/complete  Unused agent obtained for Special Exception  Agent has short dating  Other\*\* \_\_\_\_\_  
 (\*\*Requires verbal clarification with PMB before approval)

## TRANSFER TO:

Investigator receiving agent: Dr.	NCI Investigator Number:
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The following PMB-supplied agent for NCI-approved protocol is being transferred to NCI-approved protocol:

Received on NCI Protocol Number	Transferred to NCI Protocol Number	NSC Number	Agent Name	Strength and Formulation	Quantity	Manufacturer and Lot Number

\_\_\_\_\_  
**Authorized Signature (Investigator or Designee)**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Telephone Number** **Fax Number**

\_\_\_\_\_  
**Email Address**

Return form to:  
 Pharmaceutical Management Branch  
 Cancer Therapy Evaluation Program  
 Division of Cancer Treatment and Diagnosis, NCI, NIH  
 Executive Plaza North, Room 7149  
 Bethesda, MD 20892

**FAX: 301-402-0429**

See <http://ctep.cancer.gov/requisition/agents.html> for further information.

**All requested information MUST be supplied for form to be valid.**