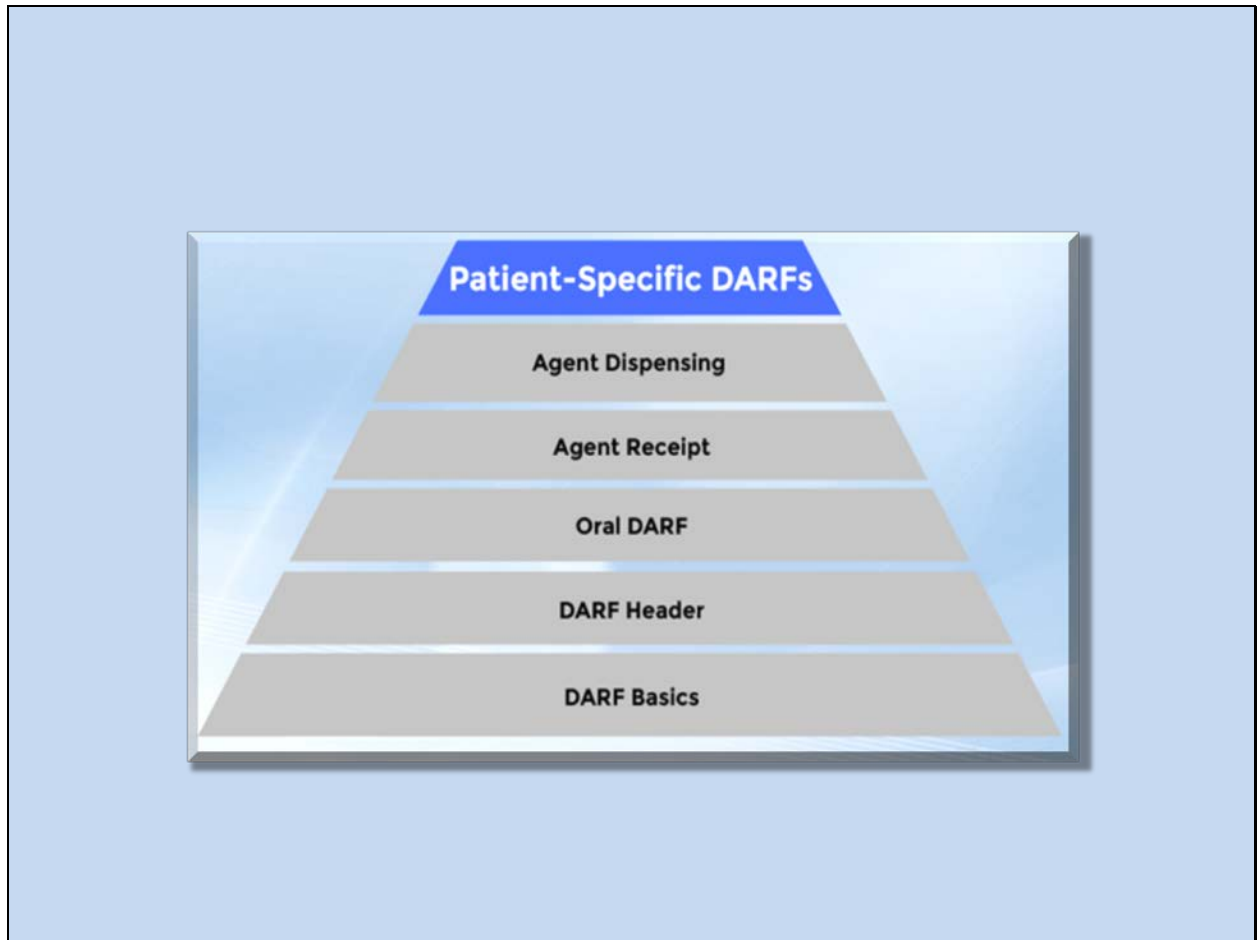


Pharmaceutical Management Branch
Investigational Drug Accountability: **Patient-Specific DARFs**

National Cancer Institute ctep.cancer.gov

Welcome to this video tutorial on Patient-Specific DARFs in the PMB Investigational Drug Accountability series. This video will review how to manage your DARF when using it for a patient-specific or blinded study. For the purposes of this video, the term blinded and patient-specific will be used interchangeably. Any references to the Investigational Agent Accountability Record in this presentation apply exclusively to the NCI DARF.



Much of the information in this presentation will build off of previously released videos in the Investigational Drug Accountability series. Please consider viewing the other videos in this series before viewing the patient-specific DARF video. From the earlier videos, you already know that DARFs must be maintained to track the disposition of all study-supplied agents for NCI clinical trials.

<http://ctep.cancer.gov/forms/>

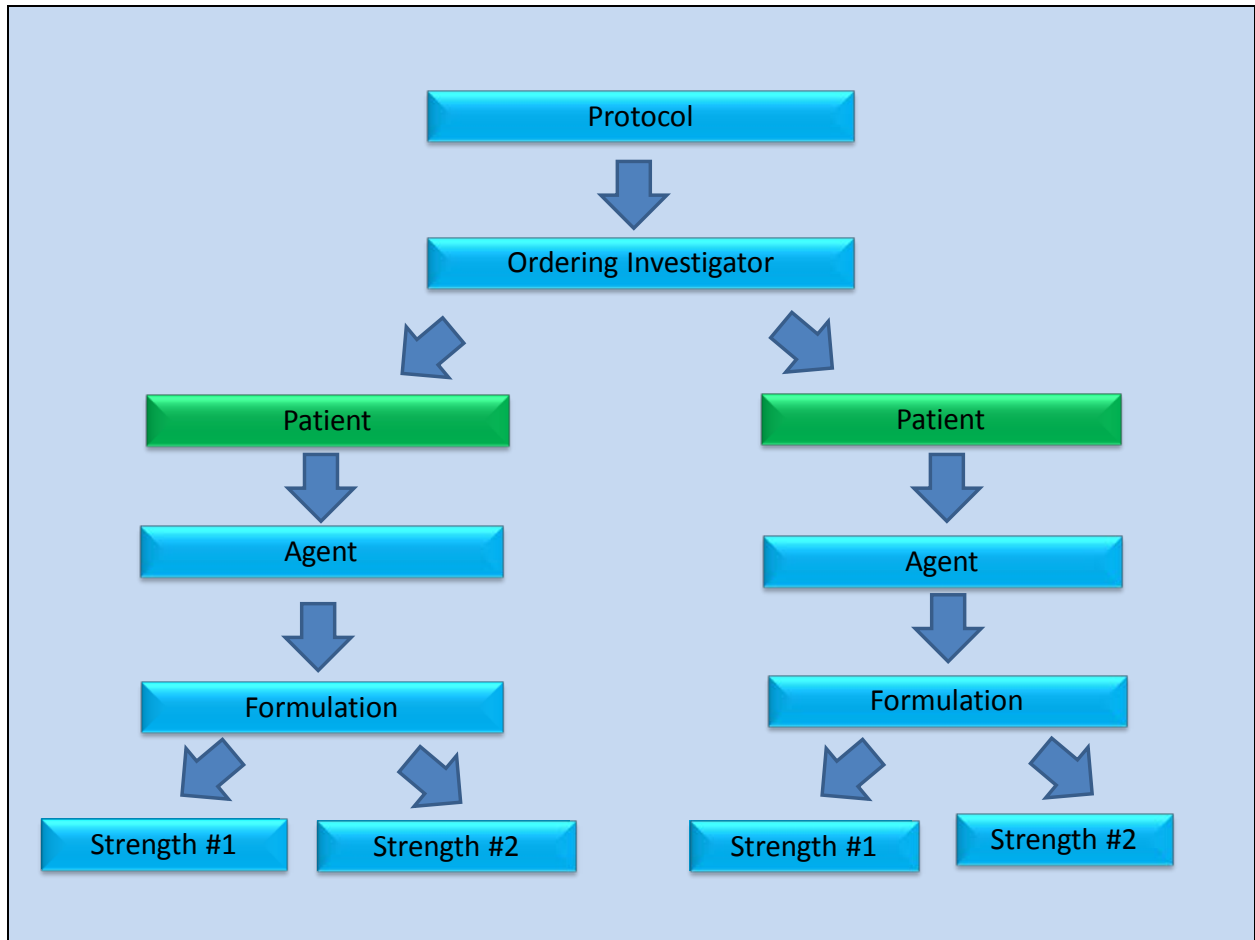
Form Title	Acrobat (.pdf)	.doc	.wpd
FDA Form 1572 for Investigator Registration			
Supplemental Form for Investigator Registration			
Financial Disclosure Form for Investigator Registration			

Form Title	Adobe Acrobat (.pdf)	MS Word (.doc)	WordPerfect (.wpd)	Excel (.xls)
Letter of Intent (LOI) Submission Form v2.0				
Career Development LOI Instructions				
Cost Estimate Worksheet				
Concept Submission Form				
Protocol Templates:				
AE Templates:				
AE Template Phase I Single Agent v1.1				
AE Template Phase I Combination v1.1				
AE Template Phase II Single Agent v1.1				
AE Template Phase II Combination v1.1				
NCI Informed Consent Templates				
CTCAE v3.0 and Lay Term Mapping Document				
Protocol Submission Worksheet v4.5				
CTC Generic Data Collection Form				
Protocol Status Update				
Amendment Request Submission Checklist				

Form Title	Adobe Acrobat (.pdf)	MS Word (.doc)	WordPerfect (.wpd)
NCI Investigational Agent Accountability Record Form for Oral Agents			
NCI Investigational Agent Accountability Record Form			
NCI Transfer Investigational Agent Form			
NCI Return Investigational Agent Form			

[Get Acrobat Reader](#)
[Download Adobe Acrobat Reader](#)

As a reminder, you can find the DARFs and other forms on the CTEP website listed here.

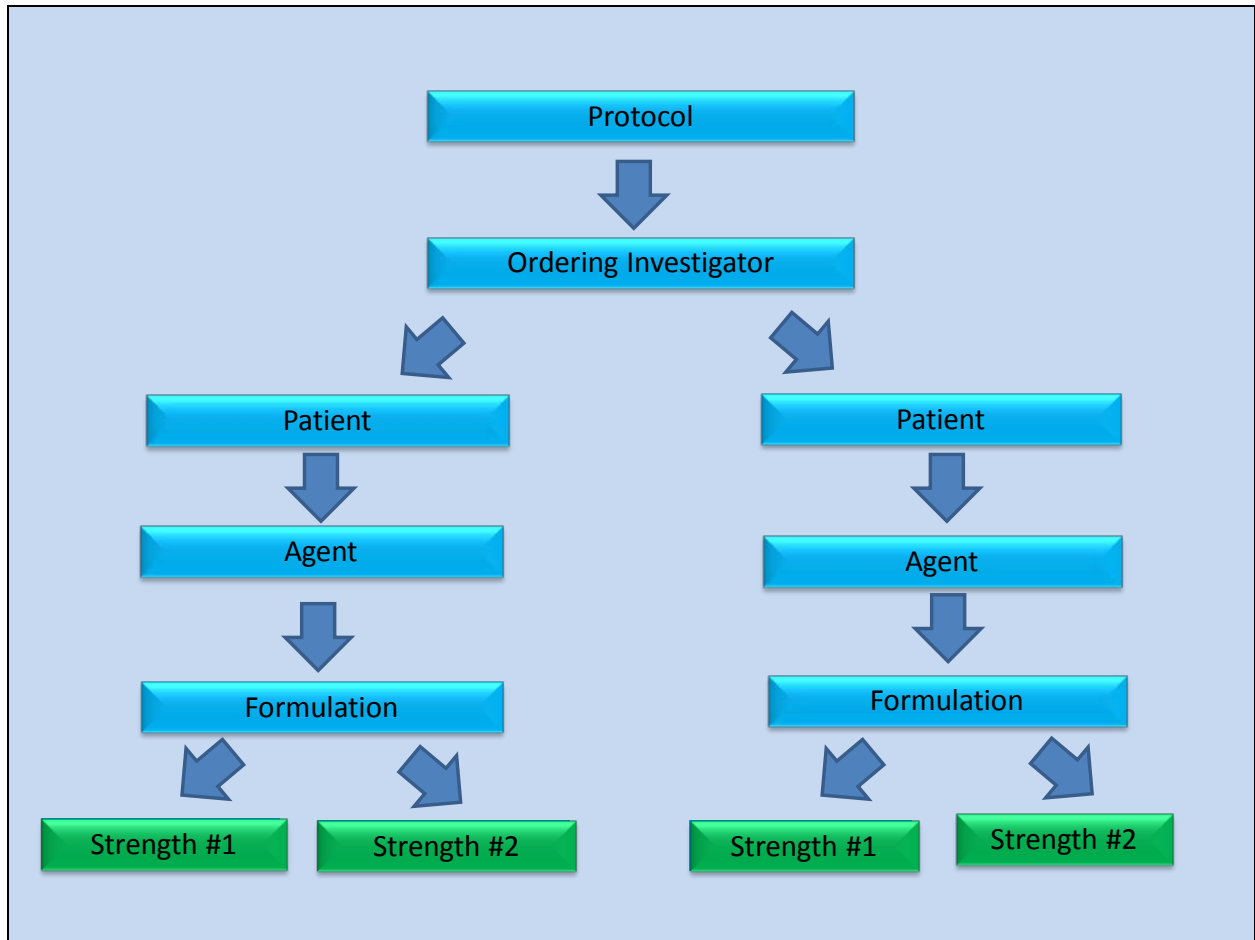


Before deciding whether a patient-specific DARF is required, you will need to determine whether the agent supplies are provided on a patient-specific basis. For agents that PMB distributes, most of these studies will be placebo-controlled blinded studies, which should be easily identifiable from the protocol title. This information is also clearly defined in the pharmaceutical section of the protocol under “Agent Ordering and Accountability.”

Print Form		Save As		Reset Form	
<p>Collection of this information is authorized under 21 CFR 312.57. The information is collected to ensure compliance with Food and Drug Administration (FDA) requirements for NCI as an IND 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 the 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.</p> <p>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.</p>					
<p>National Institutes of Health National Cancer Institute</p>				<p>Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program</p>	
<p>Investigational Agent Accountability Record</p>				<p>PAGE NO. CONTROL RECORD <input type="checkbox"/> SATELLITE RECORD <input type="checkbox"/></p>	
Name of Institution:			NCI Protocol No.:		
Agent Name:			Dose Form and Strength:		

Print Form		Save As		Reset Form	
<p>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 IND 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.</p> <p>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.</p>					
<p>Investigational Agent Accountability Record Oral agents <u>ONLY</u></p>				<p>National Institutes of Health National Cancer Institute Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program</p>	
Name of Institution:				Investigator Name:	
Protocol Title:				CTEP Investigator ID:	
NCI Protocol No.:		Local Protocol No.:		Dispensing Area:	

Once you have determined that the protocol provides patient-specific supplies you can create your DARFs. The agent's route of administration will determine which DARF to use.



While protocol-specific DARFs allow you to record multiple patients on the same form, a patient-specific DARF is limited to a single patient. A separate DARF is required for each agent and each strength provided by PMB for the patient. In this example, you will receive 2 different strengths of the agent, which requires 2 unique DARFs for each patient. If you only receive a single strength with the initial shipment, you can start with a single DARF. If additional strengths are later required to accommodate a dose adjustment, additional DARFs can be created at that time.

Pt ID 1234-001 – BMJ

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 IND sponsor and that investigators and 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 Boards, 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.

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.

Form Approved
OMB No. 0925-0613
Expires: 03/31/2016

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. 1
CONTROL RECORD
SATELLITE RECORD

Name of Institution: **Pt ID 1234-001 – BMJ**
State University Hospital

Investigator Name: John Smith, M.D.
CTEP Investigator ID: 999999

Protocol Title: Phase 2 trial for the treatment of patients with advanced renal cell carcinoma

NCI Protocol No: 1234
Local Protocol No: SUH-001
Dispensing Area: IDS Pharmacy – 5th Floor Room A100

Agent Name: Pazopanib

Pharmaceutical Management Branch
Cancer Therapy Evaluation Program, DC TD, NCI
9609 Medical Center Drive
Room 5W228, MSC 9725
Bethesda, MD 20892-9725
Phone (240) 276-6575 Fax (240) 276-7893
Email: PMBAfterhours@mail.nih.gov

SHIPMENT RECORD OF CLINICAL DRUG REQUEST

Courier: UPS
Account # 167852
Acct Ref#
Order # 2015024-0006-BLI
Order Ref# E-1054687

NCI Protocol #	NSC	Agent Name	Strength & Formulation	QTY	MFG & LOT #
1234	737754	Pazopanib 200 mg or Placebo	Bottle 34 Tablets	8	

PATIENT ID: 1234-001 PATIENT INITIALS: BMJ

DG AFFIX EXCEPTED OR SMALL QUANTITY LABEL FOR EACH SHIPMENT.

Here is an example of a completed patient-specific Oral DARF header. Please refer to the DARF headers video for instructions on how to complete the basic elements of the header for each form. To make the DARF patient-specific, you need to insert the patient identifier into the header. The identifier should include the patient ID assigned at randomization, along with the patient initials. The exact location is not important as long as the information is clear and does not obstruct the other fields in the header.

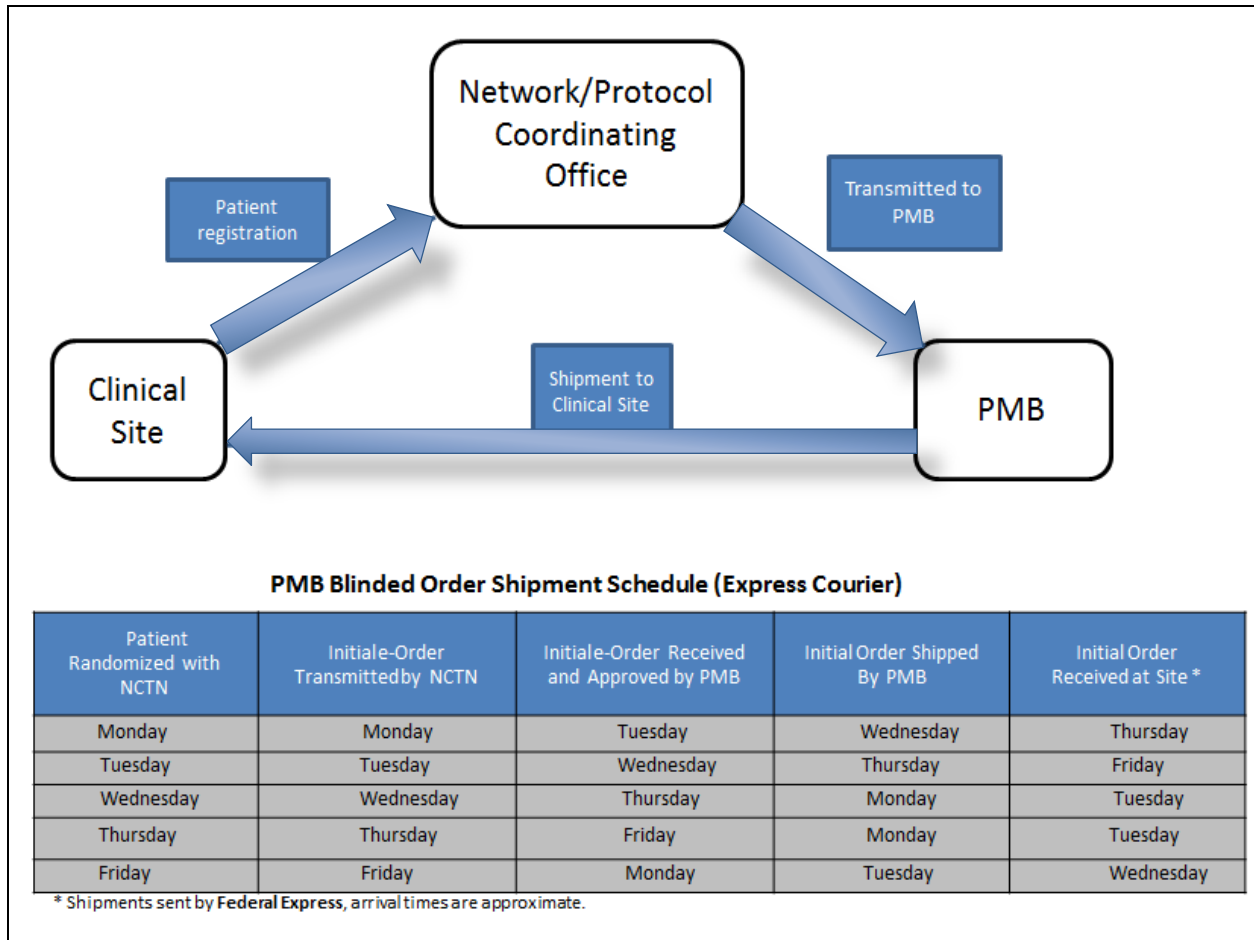
Pt ID 1234-001 – BMJ			
<small>Collection of this information is authorized under 21 CFR 312.57. This information is collected to ensure compliance with Food and Drug Administration (FDA) requirements for NCI as an IND sponsor and that investigational agents are under the control and accounted for by 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.</small>			<small>Form Approved OMB No. 0925-0613 Expires: 03/31/2016</small>
<small>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.</small>			
Investigational Agent Accountability Record Oral agents <u>ONLY</u>		National Institutes of Health National Cancer Institute Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program	PAGE NO. 1 CONTROL RECORD <input checked="" type="checkbox"/> SATELLITE RECORD <input type="checkbox"/>
Name of Institution:	Pt ID 1234-001 – BMJ	Investigator Name:	CTEP Investigator ID:
State University Hospital		John Smith, M.D.	999999
Protocol Title:	NCI Protocol No:	Local Protocol No:	Dispensing Area
Phase 2 trial for the treatment of patients with advanced renal cell carcinoma	1234	SUH-001	IDS Pharmacy – 5 th Floor Room A100
Agent Name:	Dose Form and Strength:	Bottle size (e.g., # tablets/bottle):	
Pazopanib / PLACEBO (NSC 737754)	200 mg / 0 mg Tablets	34 Tablets / bottle	
FEBRUARY 2015 edition of "Inside PMB" is now available: http://ctep.cancer.gov .			
99999 (1) John Smith, M.D. C/O Mark Simon, R.Ph. State University Hospital IDS Pharmacy 5 th Floor A100 1725 Long Street Pittsburgh, PA 15207		Storage Information Upon Arrival x Store at Room Temperature <input type="checkbox"/> On Blue Ice-Store Refrigerated <input type="checkbox"/> On Dry Ice-Store at -20°C <input type="checkbox"/> On Dry Ice-Store at -70°C <input type="checkbox"/> Store as Specified on Product Label	
RETAIN WITH YOUR ACCOUNTABILITY RECORDS			

The investigator listed on the Shipping Receipt must be the investigator listed on the patient-specific DARF. Subsequent orders are submitted under this “responsible” investigator unless a patient transfer has been approved by the lead organization and a copy of the approval provided to PMB.


Original DARF patient-specific header

National Institutes of Health National Cancer Institute		Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program		PAGE NO.	
Investigational Agent Accountability Record				CONTROL RECORD <input checked="" type="checkbox"/>	
				SATELLITE RECORD <input type="checkbox"/>	
Name of Institution: State University Hospital			NCI Protocol No.: 5678 PT ID 5678-003 / PB		
Agent Name: bevacizumab / PLACEBO (NSC 704865)			Dose Form and Strength: 400 mg / 0 mg per vial		
Protocol Title: Phase II trial of bevacizumab or placebo in combination with oxaliplatin and fluorouracil in gastrointestinal malignancies.			Dispensing Area: IDS Pharmacy - 5th Floor Room A100		
Investigator Name: Michael Jones			CTEP Investigator ID: 99998		

You can see on this example of the completed Original DARF header, that the patient ID and initials have been included in a different spot than on the Oral DARF. Again, it is not important where the information is in the header as long as it is clearly noted.



Let’s move onto documenting transactions such as receipt, dispensing and returns. For patient specific studies in which PMB distributes the agent, the first order is not entered in OAOP. When the patient is registered, the coordinating office transmits an electronic order notifying PMB that a patient was randomized and to which arm they were assigned. The PMB will prepare the shipment and send it to the site. Because patient-specific labeling is added to these supplies, the orders take a few extra days to arrive at your location. Keep in mind that next day delivery is not available for patient-specific orders. For the initial shipment, the Shipping Designee linked to the responsible investigator will receive an email notifying them of the impending shipment. This may be the first time you are notified of a new patient on the protocol. If that’s the case, you should obtain and review a current copy of the protocol for details on the initial and subsequent orders for this patient.

Pharmaceutical Management Branch Cancer Therapy Evaluation Program, DCTD, NCI 9609 Medical Center Drive Room 5W228, MSC 9725 Bethesda, MD 20892-9725 Phone (240) 276-6575 Fax (240) 276-7893 Email: PMBAfterhours@mail.nih.gov		SHIPMENT RECORD OF CLINICAL DRUG REQUEST  Date Authorized: 03/01/2015 Date Needed: 03/05/2015		Courier: UPS Account # 759318 Acct Ref# Order # 2015061-0001-BLI Order Ref# E-1054321	
NCI Protocol #	NSC	Agent Name	Strength & Formulation	QTY	MFG & LOT #
5678	704865	Bevacizumab 400 mg or Placebo Injection			
PATIENT ID: 5678-003 PATIENT INITIALS: PB					
RETURN THIS PACKAGE AND ANY Unused Medicine		← DETACH HERE AND AFFIX THIS PORTION TO CASE REPORT FORM			
5678 Box 1 of 1 400mg/16 mL 15061-00016 Patient ID: 5678-003 PB Bevacizumab 400 mg or Placebo Injection NAME: _____ Do Not Freeze. Do Not Shake. Store in upright position in refrigerator 2°-8°C (36°-46°F). In case of emergency, contact (info from protocol). Distributed by: Pharmaceutical Management Branch, CTEP, DCTD. National Cancer Institute, Bethesda, MD 20892		5678 Box 1 of 1 400mg/16 mL 15061-00016 Patient ID: 5678-003 PB Bevacizumab 400 mg or Placebo Injection NAME: _____ Do Not Freeze. Do Not Shake. Store in upright position in refrigerator 2°-8°C (36°-46°F). In case of emergency, contact (info from protocol). Distributed by: Pharmaceutical Management Branch, CTEP, DCTD. National Cancer Institute, Bethesda, MD 20892			
Initial Shipment					
FEBRUARY 2015 edition of "Inside PMB" is now available: http://ctep.cancer.gov .					
99998 (1) Michael Jones, M.D. C/O Mark Simon, R.Ph. State University Hospital IDS Pharmacy 5 th Floor A100 1725 Long Street Pittsburgh, PA 15207		99998 (1) Michael Jones, M.D. C/O Mark Simon, R.Ph. State University Hospital IDS Pharmacy 5 th Floor A100 1725 Long Street Pittsburgh, PA 15207 Phone: (412) 445-8734		Storage Information Upon Arrival x Store at Room Temperature <input type="checkbox"/> On Blue Ice-Store Refrigerated <input type="checkbox"/> On Dry Ice-Store at -20°C <input type="checkbox"/> On Dry Ice-Store at -70°C <input type="checkbox"/> Store as Specified on Product Label	
RETAIN WITH YOUR ACCOUNTABILITY RECORDS					



When you receive the shipment, please review the Shipping Receipt carefully. You will notice that the patient-specific shipping receipt from PMB looks a little different than the open label supply receipt you may be used to. The first difference is the addition of the patient ID and patient initials below the protocol and agent name. Also notice that the receipt does not have a lot identifier listed in the lot number column. Because the lot identifier is a potential source of unblinding, it will not be printed on the shipping receipt. When you receive the patient specific supply for your patient, record the receipt on the DARF that you created earlier. Verify that the patient ID on the bottle labels matches the patient ID from the Shipping Receipt. Notice that the supplies that were received match the patient ID from the shipping receipt. However, there is no lot number on the bottles or Shipping Receipt. So, what lot identifier should you record on the DARF?



Once the supplies are checked in, make sure that the supplies are stored in a way that separates them from other studies and other patients on the same study. The supplies should not be removed from their original packaging (which contains the Julian Date) when stored at the site. For example, many of the vials that we distribute do not have space for a full label to be applied. In these cases, we package the supplies in a box with a full label on the outside of the box. The vials contained in the box only contain the patient ID number. Storing them in the original shipping box will ensure the supplies are connected to the appropriate Julian Date and shipment.



Now that you have stored your agents properly, it's time to dispense to the patient. This is the easy part. You document the dispensing the same way as on the open label record, but the DARF will only ever contain one patient ID.

National Cancer Institute U.S. National Institutes of Health | www.cancer.gov

OAOP ONLINE AGENT ORDER PROCESSING Password will expire in: 47 day Log

*Indicates Required Field **Help**

▶ Create Order View Orders Stock Notification Letters

Investigator and Protocol Information

* NCI Investigator Number: 14

* Investigator Name: B D

* NCI Protocol Number: CP_LGB-40302

Protocol Title: Endocrine Therapy with or Without Inhibition of EGF and HER2 Growth Factor Receptors: A Randomized, Double-Blind, Placebo-Controlled Phase III Trial of

Order Type: Blinded

Order Created By: Kris

[Click here to contact PMB](#)

Shipping Address

CTEP Site Code: MT

Institution: Healthcare- Cancer Institute

C/O: K L

Internal Office: Cancer Center Pharmacy

Street: 29th Street South

Street (Continued):

City: Great Falls State / Province:

Zip/Postal Code: 59405 Country: USA

Office Phone: (406) Office Fax: (406)

Email: j@CTIS1benefis.org

Patient Information

* Patient ID	Patient Initials
110561	None
117910	

Order Line Items

* NSC & Agent Name	* Current Site Inventory	* Quantity Ordered	Package Description

Date Needed

* Date Needed (MM/DD/YYYY)

Courier Information

URGENT SHIPMENTS MUST BE ACCOMPANIED BY AN EXPRESS COURIER ACCOUNT NUMBER.

When it is time to reorder supplies, please refer to the protocol for appropriate instruction. Specific instructions on the timing of reorders are stated in the Pharmaceutical Section of the protocol. Most reorders need to be entered by the site using OAOP. Because there is a unique link between the investigator listed on the Shipping Receipt and the patient ID, you need to order under the same investigator that is noted on the initial shipping receipt. Unless the patient has been transferred to a different investigator through direct discussion with the coordinating office and PMB is notified, the patient ID will only display under this investigator in OAOP. You will not be able to see the patient ID to order supplies under a different investigator or if you are not a designee of the investigator listed on the shipping receipt.

National Institutes of Health National Cancer Institute		Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program		PAGE NO. CONTROL RECORD <input checked="" type="checkbox"/> SATELLITE RECORD <input type="checkbox"/>					
Investigational Agent Accountability Record									
Name of Institution State University Hospital			NCI Protocol No.: 5678 PT ID 5678-003 / PB						
Agent Name bevacizumab / PLACEBO (NSC 704865)			Dose Form and Strength: 400 mg / 0 mg per vial						
Protocol Title Phase II trial of bevacizumab or placebo in combination with oxaliplatin and fluorouracil in gastrointestinal malignancies.			Dispensing Area IDS Pharmacy - 5th Floor Room A100						
Investigator Name Michael Jones			CTEP Investigator ID: 98576						
PT ID 5678-003 / PB									
Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials	
1	1/6/2015		Received from NCI						
2	1/8/2015	PB	5678-003	1268 mg					
3	1/28/2015	PB	5678-003	1268 mg					
4	2/11/2015	PB	5678-003	1268 mg					
5	2/15/2015		Received from NCI						
6	3/5/2015	PB	5678-003	1268 mg					
7	3/21/2015	PB	5678-003	1268 mg					
8	4/12/2015	PB	5678-003	1268 mg					
9	4/20/2015		Received from NCI						
National Institutes of Health National Cancer Institute						Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program		PAGE NO. CONTROL RECORD <input checked="" type="checkbox"/> SATELLITE RECORD <input type="checkbox"/>	
Investigational Agent Accountability Record									
Name of Institution State University Hospital			NCI Protocol No.: 5678 PT ID 5678-215 / RQ						
Agent Name bevacizumab / PLACEBO			Dose Form and Strength: 400 mg / 0 mg per vial						
Protocol Title Phase II trial of bevacizumab or placebo in combination with oxaliplatin and fluorouracil in gastrointestinal malignancies.			Dispensing Area IDS Pharmacy - 5th Floor Room A100						
Investigator Name Michael Jones			CTEP Investigator ID: 98576						
PT ID 5678-215 / RQ									
Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials	
1	1/6/2015		Transferred from Pt ID 5678-003 / PB		12	12	14364-0003	RJ	
2									
3									
4									
5									
6									


Unlike open-label supplies, patient-specific supplies cannot be transferred to other patients.

National Institutes of Health National Cancer Institute		Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program		PAGE NO. CONTROL RECORD <input checked="" type="checkbox"/> SATELLITE RECORD <input type="checkbox"/>	
Investigational Agent Accountability Record					
Name of Institution: State University Hospital			NCI Protocol No.: 5678 PT ID 5678-123 / TX		
Agent Name: bevacizumab / PLACEBO (NSC 704865)			Dose Form and Strength: 400 mg / 0 mg per vial		
Protocol Title: Phase II trial of bevacizumab or placebo in combination with oxaliplatin and fluorouracil in gastrointestinal malignancies.			Dispensing Area: IDS Pharmacy - 5th Floor Room A100		
Investigator Name: Michael Jones			PT ID 5678-123 / TX		CTEP Investigator ID: 99998

National Institutes of Health National Cancer Institute		Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program		PAGE NO. CONTROL RECORD <input checked="" type="checkbox"/> SATELLITE RECORD <input type="checkbox"/>	
Investigational Agent Accountability Record					
Name of Institution: State University Hospital			NCI Protocol No.: 5678 PT ID 5678-123 / TX		
Agent Name: bevacizumab / PLACEBO (NSC 704865)			Dose Form and Strength: 400 mg / 0 mg per vial		
Protocol Title: Phase II trial of bevacizumab or placebo in combination with oxaliplatin and fluorouracil in gastrointestinal malignancies.			Dispensing Area: IDS Pharmacy - 5th Floor Room A100		
Investigator Name: Johnathan Swift			PT ID 5678-123 / TX		CTEP Investigator ID: 98576

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward Balance	Manufacturer and Lot No.	Recorder's Initials
1	1/4/2014							
2	1/5/2014	PB						
3	1/29/2014							
4	2/9/2014							
5	2/15/2014	Rec						
6	3/2/2014	PB						
7	3/23/2014	PB						
8	4/13/2014	PB						
9	4/20/2014	Received from NCI						
1	4/28/2015	Transferred from Dr. Michael Jones (99998)			12	12	14364-0003	RJ
2								
3								
4								

The only exception to transferring patient-specific supplies is if the patient changes responsible investigators. In certain situations, the agent supply may be transferred to the new investigator after the investigator transfer notification has been received and processed by PMB. If this happens, you need to submit the PMB agent transfer form found on the PMB website. Once the patient has been transferred to a new investigator, you also need to create a new DARF for that patient to reflect the updated investigator.



DEPARTMENT OF HEALTH & HUMAN SERVICES

RETURN THIS PACKAGE AND ANY Unused Medicine

5678	Box 1 of 1	400mg/16 mL	15061-00016
------	------------	-------------	-------------

Patient ID: 5678-003 PB
Bevacizumab 400 mg or Placebo Injection
NAME: _____
Do Not Freeze. Do Not Shake.
Store in upright position in refrigerator 2°-8°C (36°-46°F).
In case of emergency, contact (info from protocol).
Distributed by: Pharmaceutical Management Branch, CTEP, DCTD,
National Cancer Institute, Bethesda, MD 20892

gnosis

May 5, 2015

NOTICE TO: Recipients of **bevacizumab / placebo 400 mg**
(NSC # 704865)

Received as on blinded protocol:
5678

Julian date range: 14261 through 15120

Please be advised that the above NCI lot of bevacizumab / placebo will reach the end of its useful life and will not be extended. These supplies were distributed between Julian dates 14261 and 15120. This lot should be considered **expired as of 4/30/2015.**

Please return any expired material remaining in your possession within 90 days, accompanied by a completed Return Drug List (NIH-986), to the NCI Clinical Repository at the following address:

NCI Clinical Repository
627 Lofstrand Lane
Rockville, MD 20850
Attention: RETURNS

Please place all items in zip lock bags and pack returns carefully to prevent breakage.

IMPORTANT: If this investigational agent is being stored and distributed from another location or has been officially transferred to another location, please ensure that this notice reaches that location.

Alright, let's move onto stock recovery of a patient-specific supply. This is where things may get a little confusing. In the event of a stock recovery notification, refer to the Julian Date portion of the lot identifier you pulled from the patient label. This is the same number that is entered in the Lot Number field on your patient-specific DARF. Using the Julian date from our previous bevacizumab or placebo example, 15061, this stock recovery letter identifies a date range during which the supplies to be recovered were distributed. In this example, the supplies distributed between 14261 and 15120 should be returned. Since 15061 falls within that date range, the supply needs to be returned or destroyed as per the stock recovery notification. Using the Julian Date for stock recovery notifications allows us to recover both the active and placebo supplies, thus ensuring that the blinding is maintained.

Return of Patient-Specific Supplies

National Institutes of Health National Cancer Institute		Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program		PAGE NO. CONTROL RECORD <input checked="" type="checkbox"/> SATELLITE RECORD <input type="checkbox"/>				
Investigational Agent Accountability Record								
Name of Institution: State University Hospital			NCI Protocol No.: 5678 PT ID 5678-123/ TX					
Agent Name: bevacizumab / PLACEBO (NSC 704865)			Dose Form and Strength: 400 mg / 0 mg per vial					
Protocol Title: Phase II trial of bevacizumab or placebo in combination with oxaliplatin and fluorouracil in gastrointestinal malignancies.			Dispensing Area: IDS Pharmacy - 5th Floor Room A100					
Investigator Name: Johnathan Swift PT ID 5678-123 / TX			CTEP Investigator ID: 98576					
Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward Balance	Manufacturer and Lot No.	Recorder's Initials
1.	1/4/2015	Received from NCI			12	12	14364-0003	RJ
2.	1/5/2015	PB	5678-003	1345 mg	4	8	14364-0003	RJ
3.	1/26/2015	PB	5678-003	1345 mg	4	4	14364-0003	MH
4.	2/9/2015	PB	5678-003	1345 mg	4	0	14364-0003	RJ
5.	2/15/2015	Received from NCI			12	12	15041-0009	GB
6.	3/2/2015	PB	5678-003	1345 mg	4	8	15041-0009	RJ
7.	3/23/2015	PB	5678-003	1345 mg	4	4	15041-0009	GB
8.	4/13/2015	PB	5678-003	1345 mg	4	0	15041-0009	RJ
9.	4/20/2015	Received from NCI			12	12	15107-0002	RJ
10.	5/4/2015	PB	5678-003	1345 mg	4	8	15107-0002	MH
11.	5/25/15	PB	5678-003	1345 mg	4	4	15107-0002	RJ
12.	6/2/2015	Pt off study – returned to NCI			4	0	15107-0002	RJ
13.								

Another reason for returning patient-specific supplies is when you become aware that the patient is no longer receiving protocol treatment. Note that this reason for return is independent of receiving any correspondence from PMB such as a stock recovery notification.

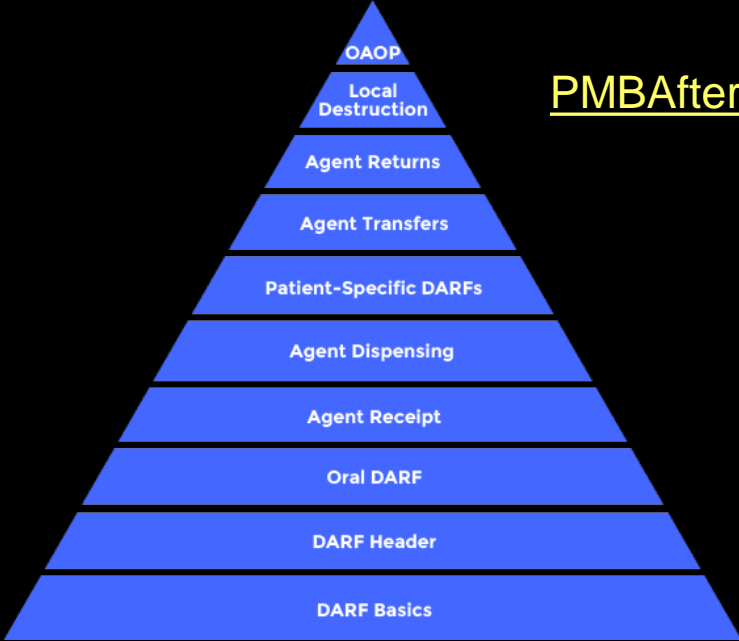
Investigational Agent Accountability Record Oral agents <u>ONLY</u>					National Institutes of Health National Cancer Institute Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program			PAGE NO. CONTROL RECORD <input checked="" type="checkbox"/> SATELLITE RECORD <input type="checkbox"/>				
Name of Institution: State University Hospital					Investigator Name: Michael Jones				CTEP Investigator ID: 99998			
Protocol Title: Phase II trial of pazopanib or placebo in combination with paclitaxel in metastatic peritoneal cancer.					NCI Protocol No: 1234		Local Protocol No: SUH-075		Dispensing Area IDS Pharmacy - 5th Floor Room A100			
Agent Name: Pazopanib/placebo (NSC 757754)					Dose Form and Strength: 200 mg / placebo			Bottle size (e.g., # tablets/bottle): 34 tablets / bottle				
Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward Balance	Manufacturer and Lot No.	Recorder's Initials	Expiration Date (if available)	Date Patient Returned	Quantity Patient Returned	Recorder's Initials
1.	1/12/2014	Received from NCI			8 bottles	8	14008-0006	RPH				
2.	1/16/2014	B,MJ	1234-001	800 mg	4 bottles	4	14008-0006	RPH		2/14/14	8 tablets	RPH
3.	2/14/2014	B,MJ	1234-001	800 mg	4 bottles	0	14008-0006	RPH				
4.	2/22/2014	Received from NCI			8 bottles	8	14050-0002	RPH				
5.	3/16/2014	B,MJ	1234-001	800 mg	4 bottles	4	14050-0002	KHU				
6.	4/15/2014	B,MJ	1234-001	800 mg	4 bottles	0	14050-0002	RPH		5/13/14	6 tablets	FKP
	4/21/2014	Received from NCI			8 bottles	8	14108-0015	MOP				
7.	5/13/2014	B,MJ	1234-001	800 mg	4 bottles	4	14108-0015	FKP		6/15/14	8 tablets	KHU
8.	6/15/2014	B,MJ	1234-001	800 mg	4 bottles	0	14108-0015	KHU				
9.	6/24/2014	Received from NCI			8 bottles	8	14170-0075	KHU				
10.	7/14/2014	B,MJ	1234-001	800 mg	4 bottles	4	14170-0075	RPH				
11.	8/16/2014	B,MJ	1234-001	800 mg	4 bottles	0	14170-0075	RPH				

When a patient returns unused study agent as shown in this example, record the returns on the patient-specific Oral DARF, just like on the protocol-specific DARF. You can see a trend here, as most of the documentation procedures are the same as for the protocol-specific DARF once you have properly set up the patient-specific DARF. Refer to other videos in this series for more on dispensing and returns.

	Patient-Specific Accountability	Protocol-Specific Accountability
DARF header	<ul style="list-style-type: none"> Separate DARFs prepared for each patient, agent, formulation and strength 	<ul style="list-style-type: none"> DARFs prepared for each ordering investigator, agent, formulation and strength used on the protocol
Ordering (PMB supplied agents)	<ul style="list-style-type: none"> Initial order processed automatically after patient assignment Future orders placed in OAOP by site are specific to original "Drug Shipment" investigator 	<ul style="list-style-type: none"> All orders placed in OAOP by site All registered and eligible investigators can participate
Shipping receipt	<ul style="list-style-type: none"> Allow at least 2 days for processing Patient initials on bottle matches with shipping receipt Julian date used as lot identifier on DARF 	<ul style="list-style-type: none"> Expedited ordering/shipping available with express courier account number Lot identifier on bottle matches with shipping receipt
Dispensing	<ul style="list-style-type: none"> Supplies can only be used for a specific patient 	<ul style="list-style-type: none"> Supplies can be used for any eligible patient enrolled on that study
Agent transferring	<ul style="list-style-type: none"> No agent transfers allowed, only treating investigator "transfers" 	<ul style="list-style-type: none"> Transfer requests are acceptable
Returns	<ul style="list-style-type: none"> Stock notifications made using Julian date range In-date supplies returned when patient comes off study 	<ul style="list-style-type: none"> Stock notifications made using lot identifier In-date supplies used for multiple patients on same study

Please keep in mind that patient-specific agent accountability presents different issues than protocol-specific supplies. Refer to the table in this slide for similarities and differences between patient-specific and protocol-specific supplies. PMB staff is always available to answer questions or clarify issues unique to patient-specific accountability. Feel free to contact us by phone or email to address your questions.

Pharmaceutical Management Branch, CTEP, NCI



Email
PMBAfterHours@mail.nih.gov
Phone
(240) 276-6575

NCI YouTube
<https://www.youtube.com/user/NCIgov/>

Thank you for watching this video tutorial. Additional PMB Investigational Drug Accountability videos are available through our YouTube Playlist.

Please note that the video and any items displayed within the videos are subject to change. Check back periodically for updates.

Questions can be directed to the Pharmaceutical Management Branch, CTEP, NCI by phone Monday through Friday from 8:30am to 4:30pm Eastern Time or by email any time.

U.S. Department of Health and Human Services
National Institutes of Health | National Cancer Institute

<http://ctep.cancer.gov/>

1-800-4-CANCER

Produced June 2015