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Welcome to this video tutorial on Agent Transfers in the PMB Investigational Drug Accountability series. This video will review when and how to perform an agent transfer of PMB-supplied agents for DCTD-sponsored trials.

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

Form Title	Action	MS Form ID(s)	Word/Excel	PDF
FDa Form 1572 for Investigator Registration				
Supplemental Form for Investigator Registration				
Financial Disclosure Form for Investigator Registration				

**Protocol Development and Assembly**

Form Title	Action	MS Form ID(s)	Word/Excel	PDF
Letter of Intent (LOI) Submission Form Q2.8				
Case Development Q1 Worksheet				
Case Clinical Worksheet				
Case Submission Form				
Protocol Template				
AS Template				
IR Template Phase 1 Single Agent v1.1				
IR Template Phase 1 Combination v1.1				
IR Template Phase 2 Single Agent v1.1				
IR Template Phase 2 Combination v1.1				
MS Internal Consent Template				
Protocol Submission Worksheet				
CTC General Case Checklist Form				
Protocol IRB/IEC Update				
Amendment Record Submission Checklist				

**Registration of Agents**

Form Title	Action	MS Form ID(s)	Word/Excel	PDF
MO Investigational Agent Accessibility Record Form for One Agent				
MO Investigational Agent Accessibility Record Form				
MO Transfer Investigational Agent Form				
MO New Investigational Agent Form				

**Get Help!**  
Download the User Manual

You can find the agent transfer form and other forms on the CTEP website.

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### Transfer Investigational Agent Form

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

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

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**TRANSFER FROM:**

Investigator transferring agent: \_\_\_\_\_ CTEP Investigator ID: \_\_\_\_\_ Date of transfer: \_\_\_\_\_

Dr. \_\_\_\_\_

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: \_\_\_\_\_ CTEP Investigator ID: \_\_\_\_\_

Dr. \_\_\_\_\_

The following CTEP-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, CTEP, DCTD  
NCI Shady Grove  
Room 5W228, MSC 9725  
8003 Medical Center Drive  
Bethesda, MD 20892-9725

[PMBAfterhours@mail.nih.gov](mailto:PMBAfterhours@mail.nih.gov)

**FAX: 240-276-7893**

See [http://ftp.cancer.gov/branches/omb/agent\\_management.htm](http://ftp.cancer.gov/branches/omb/agent_management.htm) for further information.

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

PMB-supplied agents may be transferred from a DCTD-sponsored protocol to another DCTD-sponsored protocol for the same investigator or between eligible investigators within the same institution, also called an intra-institutional transfer. Transferring agents is not the same as transporting, which is moving agents back and forth between the control dispensing area and the satellite dispensing area, which does not require a formal transfer request. A transfer request between DCTD-sponsored protocols can only be considered if the protocols utilize the same agent, strength and formulation supplied by PMB. Except in situations of urgent medical need when PMB is not available, agent transfers require prior approval from PMB before the actual transfer occurs.

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04/13

**Transfer Investigational Agent Form**

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

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

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**TRANSFER FROM:**

Investigator transferring agent: \_\_\_\_\_ CTEP Investigator ID: \_\_\_\_\_ Date of transfer: \_\_\_\_\_  
Dr. \_\_\_\_\_

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 FMB before approval)

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**TRANSFER TO:**

Investigator receiving agent: \_\_\_\_\_ CTEP Investigator ID: \_\_\_\_\_  
Dr. \_\_\_\_\_

The following CTEP-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, CTEP, DCTD  
NCI Shady Grove  
Room 5W228, MSC 9725  
8020 Medical Center Drive  
Bethesda, MD 20892-9725  
[PMBA@ctep.hqs.gov](mailto:PMBA@ctep.hqs.gov)  
FAX: 240-276-7893

See [http://ctep.nci.nih.gov/branches/omb/agent\\_management.htm](http://ctep.nci.nih.gov/branches/omb/agent_management.htm) for further information.  
**All requested information MUST be supplied for form to be valid.**

The form contains writable sections that may be typed out prior to printing for handwritten signature. Let's discuss the three major portions of the form and what is required to successfully complete it from top to bottom.

**Agent Transfer Form: Top Section Containing Transfer From Investigator and Transfer Reason**

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**Transfer Investigational Agent Form** 04/15

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

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

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**TRANSFER FROM:**

<small>Investigator transferring agent:</small> Dr. _____	<small>CTEP Investigator ID:</small> _____	<small>Date of transfer:</small> _____	
<small>Name of institution:</small> _____			
<small>Street Address:</small> _____	<small>City:</small> _____	<small>State:</small> _____	<small>Zip Code:</small> _____

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)

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The top portion lists information about the investigator who is transferring the agent. The "Transfer From" investigator must be the investigator who either 1) originally ordered the agent or 2) was the "Transfer To" investigator on a previously PMB-approved transfer.

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**Agent Transfer Form: Top Section Containing Transfer From Investigator and Transfer Reason**

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**Transfer Investigational Agent Form** 04/15

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

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

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**TRANSFER FROM:**

<small>Investigator transferring agent:</small> Dr. _____	<small>CTEP Investigator ID:</small> _____	<small>Date of transfer:</small> _____	
<small>Name of institution:</small> _____			
<small>Street Address:</small> _____	<small>City:</small> _____	<small>State:</small> _____	<small>Zip Code:</small> _____

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)

PMB-supplied agents may be transferred for various reasons. The more commonly accepted reasons are that:

1. The protocol is closed or completed and excess quantity of unused agent can be dispensed for another DCTD-sponsored protocol. This includes special exception protocols.
2. An agent with short dating can be used prior to the expiration date for another protocol.

Reasons that fall into the “other” category should be clarified with PMB before transfer request and may include the following:

1. A patient needs to be treated now and there is insufficient protocol supply to dispense or prepare a dose.
2. The control pharmacy or dispensing area relocates.
3. The responsible investigator at the site changes.

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**Agent Transfer Form: Middle Section Containing Transfer  
To Investigator and Agent Information**

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**TRANSFER TO:**

Investigator receiving agent: Dr.	CTEP Investigator ID:
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The following CTEP-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

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The middle portion lists information about the investigator to whom agent is being transferred. The remaining portion contains information about the protocols involved in the transfer and the agent that is being transferred. The agent being transferred must not be expired at the time of transfer. Only intact or whole units may be transferred. Check the shipment receipt for the specific unit or package multiplier information.

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**Agent Transfer Form: Bottom Section Containing  
Signature and Instructions for Submission to PMB**

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

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

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

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

Return form to:  
Pharmaceutical Management Branch, CTEP, DCTD  
NCI Shady Grove  
Room 5W228, MSC 9725  
9609 Medical Center Drive  
Bethesda, MD 20892-9725

[PMBAfterhours@mail.nih.gov](mailto:PMBAfterhours@mail.nih.gov)

FAX: 240-276-7893

See [http://ctep.cancer.gov/branches/smb/agent\\_management.htm](http://ctep.cancer.gov/branches/smb/agent_management.htm) for further information.

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

The bottom portion of the form requires an authorized signature from either the investigator or designee of the investigator, either shipping or ordering designee. Transfer forms must be completely filled out to be considered for approval.

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**Agent Transfer Form: Bottom Section Containing  
Signature and Instructions for Submission to PMB**

_____ Authorized Signature (Investigator or Designee)	Return form to: Pharmaceutical Management Branch, CTEP, DCTD NCI Shady Grove Room 5W228, MSC 9725 9609 Medical Center Drive Bethesda, MD 20892-9725
_____ Printed Name	<a href="mailto:PMBAfterhours@mail.nih.gov">PMBAfterhours@mail.nih.gov</a>
_____ Telephone Number	<b>FAX: 240-276-7893</b>
_____ Fax Number	
_____ Email Address	

See [http://ctep.cancer.gov/branches/smb/agent\\_management.htm](http://ctep.cancer.gov/branches/smb/agent_management.htm) for further information.

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

Completed forms must be submitted by fax or by email. Requests are usually responded to in the same business day. Mailing forms to PMB through the postal service is not recommended.

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### Transfer Investigational Agent Form

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

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

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**TRANSFER FROM:**

Investigator transferring agent: <b>Dr. John Smith</b>	CTEP Investigator ID: <b>999999</b>	Date of transfer: <b>9/30/2014</b>
Name of institution: <b>State University Hospital</b>		
Street Address: <b>10 Main Street</b>	City: <b>Nowhere</b>	State: <b>USA</b>
		Zip Code: <b>54321</b>

Reason for transfer request:  Protocol closed/completed  Unused agent obtained for Special Exception  Agent has short dating  Other

(\*\*Requires verbal clarification with PMB before approval)

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**TRANSFER TO:**

Investigator receiving agent: <b>Dr. John Smith</b>	CTEP Investigator ID: <b>999999</b>
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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
1234	2341	737754	pazopanib	200mg tablets	10 bottles	GLX 09735555

Authorized Signature (Investigator or Designee):  
*ZA*

Printed Name: \_\_\_\_\_  
Telephone Number: **123-456-7890** Fax Number: **123-456-7899**  
Email Address: **za@nowhere.edu**

Return form to:  
Pharmaceutical Management Branch, CTEP, DCTD  
NCI Shady Grove  
Room 9922B, MSC 9738  
9600 Medical Center Drive  
Bethesda, MD 20892-9729  
**PMBAHours@mail.nih.gov**  
**FAX: 240-276-7893**

See [http://ctep.cancer.gov/branches/omb/agent\\_management.htm](http://ctep.cancer.gov/branches/omb/agent_management.htm) for further information.  
All requested information **MUST** be supplied for form to be valid.

Here is a completed transfer form for Dr. John Smith. The request is made because NCI protocol 1234 closed and remaining pazopanib 200 mg tablets can be used on NCI protocol 2341.

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	<b>DEPARTMENT OF HEALTH &amp; HUMAN SERVICES</b>	Public Health Service National Institutes of Health National Cancer Institute Cancer Therapy Evaluation Program Bethesda, Maryland 20892		
Date: September 30, 2014				
To: Dr. John Smith, c/o ZA				
Fax: (123) 456-7899				
From: FS, Inventory Management Specialist				
Re: Transfer # T14273-0001				
There are 2 pages in this transmission (including the cover sheet).				
The Pharmaceutical Management Branch has <b>APPROVED</b> the following agent transfer request that was received on 09/30/2014.				
Transfer #: T14273-0001	PMB action date: 09/30/2014			
From Investigator: Smith, John	To Investigator: Smith, John			
Investigator ID: 999999	Investigator ID: 999999			
Institution: State University Hospital	Institution: State University Hospital			
Protocol: 1234	Protocol: 2341			
Agent Name:	NSC:	Lot Number:	Quantity:	Strength/Unit/Form:
Pazopanib 200 mg tablets	737754	09735555	10 bottles (34 tabs/bottle)	200 mg/tablet
Protocol 1234 is closed at the site.				
Please retain a copy of this form with your accountability records. If you have any questions or comments, please call (240) 276-6375 or contact us via e-mail at <a href="mailto:PMBafterhours@mail.nih.gov">PMBafterhours@mail.nih.gov</a> .				
Thank you.				

The transfer request is approved because Dr. Smith is an active registered investigator at State University Hospital and both studies utilize PMB-supplied pazopanib 200 mg tablets. Here is the transfer approval letter from PMB that must be retained with the appropriate agent accountability records.

**Transfer From: Protocol 1234**

Investigational Agent Accountability Record Oral agents ONLY		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: State University Hospital			Investigator Name: John Smith, M.D.		CTEP # 9999						
Protocol Title: Phase 2 trial of pazopanib 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						
Agent Name: Pazopanib hydrochloride (NSC 737754)			Dose Form and Strength: 200 mg Tablets		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
1	3/21/2014	Received from the NCI			+ 8	8	GLX 12345678	AB			
2	3/24/2014	AZ	1234-001	800 mg daily	- 4	4	GLX 12345678	AB		4/24/2014	48 tabs
3	4/24/2014	AZ	1234-001	800 mg daily	- 4	0	GLX 12345678	AB		5/24/2014	1 bottle
4	4/29/2014	Received from the NCI			+ 24	24	GLX 87654321	ZA			
5	5/16/2014	BT	1234-002	800 mg daily	- 4	20	GLX 87654321	AB		6/16/2014	24 tabs
6	5/24/2014	AZ	1234-001	400 mg daily	- 2	18	GLX 87654321	ZA			
7	6/16/2014	BT	1234-002	400 mg daily	- 2	16	GLX 87654321	ZA			
8	6/24/2014	AZ	1234-001	400 mg daily	- 2	14	GLX 87654321	JT		7/31/2014	8 tabs
9	6/24/2014	AZ	1234-001	Patient return from dispensing on 4/24/2014, page 1, line 3				JT		6/24/2014	1 bottle
10	6/30/2014	Sent to Medical Office Building A Satellite			- 12	2	GLX 87654321	ZA			
11	7/11/2014	Received from the NCI			+ 20	22	GLX 09735555	JT			
12	7/23/2014	BT	1234-002	800 mg daily	- 2	20	GLX 87654321	AB		8/24/2014	4 tabs
13	7/23/2014	BT	1234-002	800 mg daily	- 2	18	GLX 09735555	AB		8/24/2014	1 Btl + 4T
14	8/1/2014	Returned from Med. Off. Bldg. A Satellite			+ 4	22	GLX 87654321	JT			
15	8/2/2014	Return to the NCI Clinical Repository			- 4	18	GLX 87654321	AB		8/31/2014	
16	9/30/2014	Transfer to NCI Protocol 2341 (T14273-0001)			- 10	8	GLX 09735555	ZA			
17	11/4/2014	Local Destruction per PMB Authorization			- 8	0	GLX 09735555	ZA			

Approved transfers should be documented on the two DARFs that are involved in the transfer. The assigned transfer number can be recorded on the DARF for reference. Note the transfer must be made from the control record. Transfers cannot be documented on satellite records. For more about the responsibilities of control dispensing areas, refer to PMB's "Policy and Guidelines for Investigational Agent Distribution."

On the DARF for protocol 1234, line 16 shows documentation of an agent transfer made to NCI protocol 2341 for 10 bottles of pazopanib 200 mg tablets. Transfer number T14273-0001 was documented on the DARF and 10 bottles were subtracted from the balance for NCI protocol 1234.

**Transfer To: Protocol 2341**

Investigational Agent Accountability Record Oral agents ONLY				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: State University Hospital			Investigator Name: John Smith, M.D.			CTEP Investigator: 999999						
Protocol Title: Phase 1 trial of pazopanib for the treatment of patients with advanced tumors			NCI Protocol No: 2341		Local Protocol No: SUH-002		Dispensing Area: IDS Pharmacy - 5th Floor Room A					
Agent Name: Pazopanib hydrochloride (NSC 737754)			Dose Form and Strength: 200 mg Tablets		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	6/23/2014		Received from the NCI		+ 12	12	GLX 12345678	AB				
2	6/24/2014	AZ	2341-001	800 mg daily	- 4	8	GLX 12345678	AB				
3	8/27/2014	AZ	2341-002	400 mg daily	- 2	6	GLX 87654321	ZA				
4	9/30/2014		Transfer from NCI Protocol	1234 (T14273-0001)	+ 10	16	GLX 09735555	ZA				
5												

On the DARF for protocol 2341, line 4 shows documentation of a transfer of 10 bottles pazopanib 200 mg tablets from protocol 1234. Notice that Dr. Smith was already the ordering investigator on study 2341 and a new DARF was not required. If Dr. Smith were not an ordering investigator for study 2341 previously, a new DARF would need to be created.



Circumstances may arise when a transfer is needed and PMB is not open for business. In these urgent cases, the transfer can be made without prior PMB approval. Transfer forms for urgent medical need should be submitted within 72 hours of the actual transfer. There is always a risk that the transfer will not be approved retroactively because it was not a valid transfer. Denied transfer requests should be documented on the DARF and kept with the appropriate agent accountability records.

Other special cases that are not urgent require prior PMB approval. Please call for transfer requests that include the following:

1. Transfer of agent between institutions (also known as inter-institutional transfer)
2. Relocation of control dispensing area
3. Patient-specific supplies

**Examples of Non-Valid Transfer Requests**

1. Agent being transferred is not the same strength or formulation between protocols
2. The "Transfer To" investigator does not have an active registration
3. The "Transfer To" investigator is not an eligible participant on the study
4. PMB-supplied agent is transferred to a non-DCTD-sponsored protocol
5. PMB-supplied agent is transferred for commercial use
6. Commercial agents are transferred to a DCTD-sponsored protocol
7. Borrowing from one protocol to supply another without an approved transfer
8. Transfer of partial containers
9. Transfer of patient-specific agents without prior PMB approval
10. Transfer requests to retrospectively correct errors in accountability

Examples of instances when agent transfer is NOT valid include:

1. Agent being transferred is not the same strength or formulation between protocols
2. The "Transfer To" investigator does not have an active registration
3. The "Transfer To" investigator is not an eligible participant on the study
4. PMB-supplied agent is transferred to a non-DCTD-sponsored protocol
5. PMB-supplied agent is transferred for commercial use
6. Commercial agents are transferred to a DCTD-sponsored protocol
7. Borrowing from one protocol to supply another without an approved transfer
8. Transfer of partial containers
9. Transfer of patient-specific agents without prior PMB approval
10. Transfer requests to retrospectively correct errors in accountability

### Examples of Non-Valid Transfer Requests

1. Agent being transferred is not the same strength or formulation between protocols
2. The "Transfer To" investigator does not have an active registration
3. The "Transfer To" investigator is not an active participant on the study
4. PMB-supplied agent is transferred to a non-DCTD-sponsored protocol
5. PMB-supplied agent is transferred for commercial use
6. Commercial agents are transferred to a DCTD-sponsored protocol
7. Borrowing from one protocol to supply another without an approved transfer
8. Transfer of partial containers
9. Transfer of patient-specific agents without prior PMB approval
10. Transfer requests to retrospectively correct errors in accountability

http://ctep.cancer.gov/branches/pmb/agent\_management.htm

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Agent Management

- Policy and Guidelines for Investigational Agent Distribution (PDF) (06/14)
- Policy and Guidelines for Investigational Agent Ordering (PDF) (11/13)
  - Online Agent Order Processing (OAGOP)
    - Register for an IAM Account (Required)
    - Submit OAGOP Orders
- Policy and Guidelines for Accountability and Storage of Investigational Agents (PDF) (12/13)
  - NCI Investigational Agent Accountability Record Form (PDF)
  - NCI Investigational Agent Accountability Record Form for Oral Agents (PDF)
- Policy and Guidelines for Use of the NCI Investigational Agent Accountability Record Form for Agents (PDF) (12/13)
- Policy and Guidelines for Investigational Agent Transfers (PDF) (06/14)
- NCI Transfer Investigational Agent Form (PDF)
- Policy and Guidelines for Investigational Agent Returns (PDF) (06/14)
  - NCI Return Investigational Agent Form (PDF)

Links to Commercial Drug Shortage Resources

- http://www.fda.gov/medwatch - To enroll in Medwatch and receive e-mails when shortages are identified by FDA.
- http://www.fda.gov/oc/shortages - FDA Web site for drug shortages. Provides most current information from FDA.
- http://www.ashp.org/shortage - ASHP web site for drug shortages. Information regarding shortages from American Society of Health System Pharmacists.

To learn more, please refer to the “Pharmaceutical Management Branch Policy and Guidelines for Investigational Agent Transfers” available here on the PMB website.



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

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