

Pharmaceutical Management Branch
Investigational Drug Accountability: **Agent Transfers**

National Cancer Institute ctep.cancer.gov

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.

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

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

Protocol Development and Assembly

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				

Requisition of Agents

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			

Download Adobe Acrobat Reader

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

Transfer Investigational Agent Form

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

04/13

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

TRANSFER FROM:

Investigator transferring agent: Dr. _____	CTEP Investigator ID: _____	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. _____	CTEP Investigator ID: _____
--	-----------------------------

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
9609 Medical Center Drive
Bethesda, MD 20892-9725

PMBAfterhours@mail.nih.gov

FAX: 240-276-7893

See http://ctep.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.

Slide 4

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 transfer/form.

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
9609 Medical Center Drive
Bethesda, MD 20892-9725
PMBAfterhours@mail.nih.gov
FAX: 240-276-7893

See http://ctep.cancer.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

Transfer Investigational Agent Form		Cancer Therapy Evaluation Program Division of Cancer Treatment and Diagnosis National Cancer Institute National Institutes of Health		04/13
This form is to be used for an intra-institutional transfer, one transfer/form.				
TRANSFER FROM:				
Investigator transferring agent: Dr.	CTEP Investigator ID:	Date of transfer:		
Name of institution:				
Street Address:	City:	State:	Zip Code:	
Reason for transfer request: <input type="checkbox"/> Protocol closed/complete <input type="checkbox"/> Unused agent obtained for Special Exception <input type="checkbox"/> Agent has short dating <input type="checkbox"/> Other** _____				
(**Requires verbal clarification with PMB before approval)				

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.

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

Transfer Investigational Agent Form

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

04/13
Cancer Therapy Evaluation Program
Division of Cancer Treatment and Diagnosis
National Cancer Institute
National Institutes of Health

TRANSFER FROM:

Investigator transferring agent: Dr.	CTEP Investigator ID:	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)

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.

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

TRANSFER TO:

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

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

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.

**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

See http://ctep.cancer.gov/branches/omb/agent_management.htm for further information.

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

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

FAX: 240-276-7893

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.

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

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

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 transfer form.

TRANSFER FROM:

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

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. John Smith	CTEP Investigator ID: 999999
--	--

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

123-456-7890 **123-456-7899**

Telephone Number *Fax Number*

za@nowhere.edu

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

FAX: 240-276-7893

See http://ctep.cancer.gov/branches/pmb/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.

	<p>DEPARTMENT OF HEALTH & HUMAN SERVICES</p>	<p>Public Health Service</p> <p>National Institutes of Health National Cancer Institute Cancer Therapy Evaluation Program Bethesda, Maryland 20892</p>																				
<p>Date: September 30, 2014</p> <p>To: Dr. John Smith, c/o ZA</p> <p>Fax: (123) 456-7899</p> <p>From: FS, Inventory Management Specialist</p> <p>Re: Transfer # T14273-0001</p> <p>There are 2 pages in this transmission (including the cover sheet).</p> <p>The Pharmaceutical Management Branch has APPROVED the following agent transfer request that was received on 09/30/2014.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Transfer #: T14273-0001</td> <td style="width: 50%;">PMB action date: 09/30/2014</td> </tr> <tr> <td>From Investigator: Smith, John</td> <td>To Investigator: Smith, John</td> </tr> <tr> <td>Investigator ID: 999999</td> <td>Investigator ID: 999999</td> </tr> <tr> <td>Institution: State University Hospital</td> <td>Institution: State University Hospital</td> </tr> <tr> <td>Protocol: 1234</td> <td>Protocol: 2341</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Agent Name:</th> <th style="width: 10%;">NSC:</th> <th style="width: 15%;">Lot Number:</th> <th style="width: 20%;">Quantity:</th> <th style="width: 20%;">Strength/Unit/Form:</th> </tr> </thead> <tbody> <tr> <td>Pazopanib 200 mg tablets</td> <td>737754</td> <td>09735555</td> <td>10 bottles (34 tabs/bottle)</td> <td>200/mg/tablet</td> </tr> </tbody> </table> <p>Protocol 1234 is closed at the site.</p> <p>Please retain a copy of this form with your accountability records. If you have any questions or comments, please call (240) 276-6575 or contact us via e-mail at PMBAfterhours@mail.nih.gov.</p> <p>Thank you.</p>			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
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																		

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 <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: State University Hospital				Investigator Name: John Smith, M.D.			CTEP In: 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	16 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 + 4 t
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 <u>ONLY</u>							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	Record Initial	
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 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

http://ctep.cancer.gov/branches/pmb/agent_management.htm

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

CTEP Cancer Therapy Evaluation Program Home | Sitemap | Contact CTEP

Home | Investigator Resources | Protocol Development | Industry Collaborations | Initiatives / Programs | More Links | About CTEP | Secure Access

PHARMACEUTICAL MANAGEMENT BRANCH (PMB)

Last Updated: 08/04/14

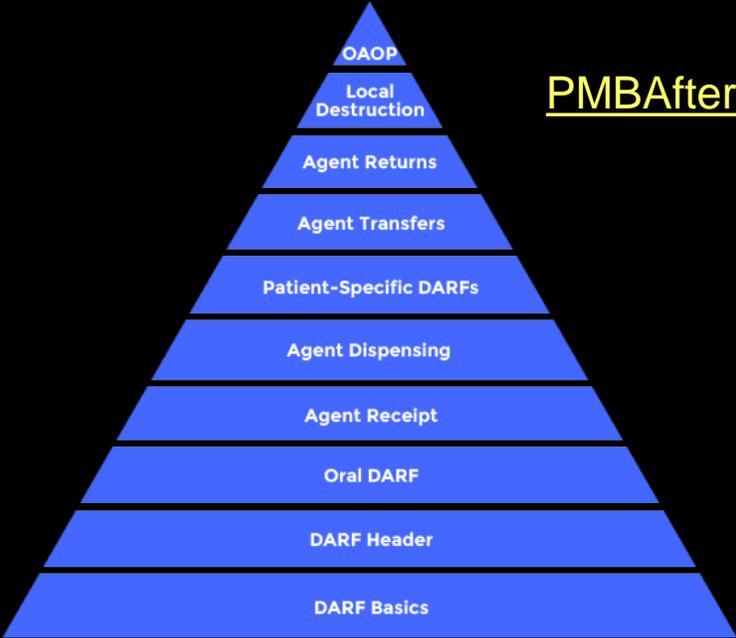
- **PMB Main**
 - PMB Newsletter
 - PMB After Hours
 - FAQ
 - Staff Biographies
 - Organization Chart
 - Online Agent Order Processing (OAOP)

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 (OAOP)
 - Register for an IAM Account (Required)
 - Submit OAOP 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 for Oral Agents (PDF) (12/13)
- Policy and Guidelines for Investigational Agent Transfers (PDF) (06/14)
- Policy and Guidelines for Investigational Agent Returns (PDF) (05/14)
 - 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/cder/drug/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 Systems Pharmacists.

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

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