

# 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.	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 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, 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/pmb/agent\\_management.htm](http://ctep.cancer.gov/branches/pmb/agent_management.htm) for further information.

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