

CPN Initial Agent Order Form

Fax to: CPN Randomization Center
Fax: (507) 284-0885 Phone: (507) 284-4130

Date: ___ / ___ / ___

To: Fisher BioServices

Attn: Jennifer E. Benkstein, Ph.D., Acting Principal Investigator, Fisher BioServices,
Division of Cancer Prevention Repository, 20301 Century Blvd., Bldg 6, Suite 800,
Germantown, MD 20874, Phone: (240)686-4722; Cell: (240)388-4721, Fax:
(301)515-4297, jennifer.benkstein@fishersci.com

From: CPN Randomization Center

Subject: Registration and Bottle Assignment for: MAY03-1-03, Randomized, Phase IIb Trial of
Atorvastatin, RAFTILOSE@Synergy1, and Sulindac Among Patients at Increased Risk for Sporadic
Colorectal Neoplasia

We would like to confirm the following subject registration and randomization:

DCP Participant ID
(PID): ___ - ___ - ___ - ___ - ___ - ___

Subject Initials: ___, ___, ___ (L,F,M)

Randomization Date: ___ / ___ / ___

Registering MD: _____

This agent should be shipped to:

Name: _____

Address: _____

Contact Person: _____

Phone Fax Email _____

Note: please allow 5 business days for shipment of agent

Randomization Center use only

Bottle Numbers to be dispensed and/or intervention assignment:

_____, _____, _____
_____, _____, _____

CPN Randomization Specialist: _____ QC initials:

CPN Agent Re-order Form

Fax to: CPN Randomization Center

Fax: (507) 284-0885 Phone: (507) 284-4130

Note: Orders must be placed at least 30 days prior to the date the agent is needed

Date:	___ / ___ / ___
To:	Fisher BioServices
Attn:	Jennifer E. Benkstein, Ph.D., Acting Principal Investigator, Fisher BioServices, Division of Cancer Prevention Repository, 20301 Century Blvd., Bldg 6, Suite 800, Germantown, MD 20874, Phone: (240)686-4722; Cell: (240)388-4721, Fax: (301)515-4297, jennifer.benkstein@fishersci.com
From:	CPN Randomization Center
Subject:	Registration and Bottle Assignment for: MAY03-1-03, Randomized, Phase IIb Trial of Atorvastatin, RAFTILOSE@Synergy1, and Sulindac Among Patients at Increased Risk for Sporadic Colorectal Neoplasia

The following subject will be returning to pick up their final supply of agent:

DCP Participant ID
(PID): ___ - ___ - ___ - ___ - ___ - ___

Subject Initials: ___, ___, ___ (L,F,M)

Date Needed: ___ / ___ / ___ Must allow 5 business days for receipt of agent

Registering MD: _____

This agent should be shipped to:

Name: _____

Address: _____

Contact Person: _____

Phone Fax Email _____

Randomization Center use only

Bottle Numbers to be dispensed and/or intervention assignment:

_____, _____, _____
_____, _____, _____

CPN Randomization Specialist: _____ QC initials:

