

<i>RETURNED AGENTS LIST</i> Use one form for <u>each</u> Agent and Protocol <u>Principal Investigator (PI) for Study (Please type or print):</u> <u>Date of Return Shipment:</u> <u>Signature of person preparing Return form (sign below):</u>		NCI Protocol Number:				Return. No.:	
		Institution Address:				Date Received:	
		<input type="checkbox"/> Check here if returned receipt should be mailed to the above address, OR provide an email address:				Signature of Authorizing Official:	
						Date of Authorization	
Investigational Agent Name	Dosage Form Specify vials, capsules, or tablets)	Strength per dosage form	Lot Number (or Patient ID for Blinded Trial)	Package count	Quantity Returned (Specify whole or partial containers)	Container Number	Action
1							
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:							
2							
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:							
3							
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:							
4							
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:							
5							
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:							
6							
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:							
INSTRUCTION NOTES:						Comments:	
1. Complete all sections to receive proper credit for the return.		6. All agents may be returned by room temperature shipment unless otherwise noted.					
2. Type or print all information		7. Enclose the Return List with the agent returns and ship to:					
3. If one agent is being used in multiple protocols, use a separate Return Form for each protocol		NCI-DCP Repository MRIGlobal Attn: John Cookinham 1222 Ozark Street North Kansas City, MO 64116					
4. If one protocol is using multiple agents, use a separate Return Form for each agent							
5. Pack the agent(s) well to minimize breakage and leakage.		Attn: <i>RETURNS</i>					

