

MAY2013-01-01 Study Agent Initial Order and Re-Order Form  
Print and Fax to: University of Pittsburgh, Attn: Dr. John McKolanis  
Fax: 412-383-8098

Date (MM/DD/YYYY):

To: University of Pittsburgh

Subject: Order for MUC1 Vaccine and Poly-ICLC

Attn: John McKolanis, Ph.D.

University of Pittsburgh, E1000-17B Biomedical Science Tower, 200 Lothrop Street, Pittsburgh, PA 15213

Fax: 412-383-8098 Phone (for inquiries): 412-648-8561

Email: mckolani@pitt.edu

From (name of person completing this form):

Choose One:

- Initial Order for Starter Shelf Supply: Nine (9) vials/doses of MUC1 vaccine and nine (9) vials/doses of poly-ICLC.  
*Note: Please allow 5-7 business days for receipt of study agent.*

or

- Reorder *Note: Order must be placed at least 30 days prior to the date the agent is needed.*

Number of vials/doses MUC1 vaccine?

Number of vials/doses poly-ICLC?

Participating Organization Information:

Registering MD:

Participating Organization:

Comments or  
Questions?

**This agent should be shipped to:**

Pharmacist Name:

Pharmacy Address:

City:

State:

Zipcode:

Country:

Phone (with area code):

Fax (with area code):

Email:

**Complete this form, print, and fax to University of Pittsburgh at 412-383-8098.**

**Important Note:** When you fax this form, please also send an email to both of the following addresses:  
mckolani@pitt.edu; jix11@pitt.edu.

You may also scan this form and email to both addresses. This will ensure the quickest possible receipt and shipment.