

PERMANENT/TEMPORARY NOTIFICATION OF CHANGE IN BACK-UP PHARMACIST (FORM C)

This form serves to notify the Project Manager (PM) of a change in the back-up PoR and is to be used in place of a revised Pharmacy Establishment Plan. If a revised *DAIT Pharmacy Establishment Plan (Form A)* is required, the PM will notify the PoR.

Instructions to the NEW Back-up Pharmacist:

1. Type or clearly handwrite all information.
2. Complete all sections.
3. Print this form (if needed).
4. Sign and date this form.
5. Retain a copy of this form in the pharmacy.
6. Return this signed, original form AND a copy of your new curriculum vitae (CV) to the PM via mail, email, or FAX.
7. File this form in the SECDs.

Return to:
 Study Project Manager*

 Division of Allergy, Immunology, and Transplantation
 National Institute of Allergy and Infectious Diseases
 5601 Fishers Lane Room #7D30
 Bethesda, MD 20892 (for U.S. mail)

 Rockville, MD 20852 (for courier deliveries)

 *PM to send a copy of this form to Eminent & CRIS

Clinical Research Site Name	
Clinical Research Site Number	Network/Consortium/ Program/Grant

Name of PREVIOUS/DEPARTING Back-up Pharmacist (if applicable)		
<input type="checkbox"/> Departing Back-up Pharmacist Only	Departure Date (mm/dd/yyyy)	
Name of NEW/ADDITIONAL Back-up Pharmacist		
Pharmacy Phone Number	Pharmacy Fax Number	NEW Back-up Pharmacist Email Address

Check only one box:

Permanent change
 Date effective (mm/dd/yyyy) _____

Temporary change
 Dates effective (mm/dd/yyyy) from _____ to _____

Please read the following statements and initial in the spaces provided:

_____ I agree to comply with all of the information contained in the currently approved *DAIT Pharmacy Establishment Plan* that was **signed and dated on**_____.

_____ I have, on file, a copy of the "Investigational Product & Pharmacy Guidelines," **with the date**_____, which I have read and understand. I will follow these guidelines to maintain standardization and quality.

Signature of the NEW Back-up Pharmacist _____ **Date (mm/dd/yyyy)** _____

ONCE THE FORM IS RECEIVED, PROCESSED, AND ACKNOWLEDGED BY THE PM, THE ACKNOWLEDGEMENT EMAIL MUST BE PRINTED OUT AND FILED WITH THE SITE'S MOST CURRENT, APPROVED *DAIT PHARMACY ESTABLISHMENT PLAN*, ALONG WITH A COPY OF THE SUBMITTED NOTIFICATION FORM.