

**NOTIFICATION OF CHANGE IN PHARMACIST CONTACT INFORMATION AND/OR  
PHARMACY ADDRESS (ES) (FORM D)**

This form serves to notify the Project Manager (PM) of a change in the pharmacy phone number, fax number, pharmacist email, and/or address of the physical/shipping location and is to be used in place of a revised Pharmacy Establishment Plan; however, upon review by the PM, submission of a revised *DAIT Pharmacy Establishment Plan (Form A)* may be required for approval.

**Instructions to the 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

<b>Clinical Research Site Name</b>		
<b>Clinical Research Site Number:</b>		<b>Network/Consortium/ Program/Grant:</b>
<b>Pharmacist Name:</b>		<input type="checkbox"/> <b>Pharmacist of Record</b> <input type="checkbox"/> <b>Back-up Pharmacist</b>
<b>Pharmacy Phone Number:</b>	<b>Pharmacy Fax Number:</b>	<b>Email Address:</b>

**Check all that apply for changes in pharmacist contact information:**

- New Pharmacy Phone Number     
  New Pharmacy Fax Number     
  New Pharmacist Email Address

**Check all that apply for changes in pharmacy address(es):**

- New Mailing Address     
  New Shipping Address     
  New Physical Location Address

**Provide the new mailing address below:**

**Provide the new shipping address below:**

**Provide the new physical location address below:**

**Signature of Pharmacist:** \_\_\_\_\_ **Date (mm/dd/yyyy):** \_\_\_\_\_

**Signature of the Pharmacist of Record's Supervisor:** \_\_\_\_\_ **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.