

Instructions to the Pharmacist of Record:

1. Type or clearly handwrite all information.
2. Complete all sections (except *NIAID/DAIT Use Only* section).
3. Print this form (if needed).
4. Sign and date this form.
5. Send return request to the project manager of the record via email, fax or mail.
6. Do not ship any drugs or supplies prior to receiving an authorization from the CPDC or the project manager of the record.

INVESTIGATIONAL PRODUCT RETURN (FORM I)
 Division of Allergy, Immunology, and Transplantation (DAIT)
 National Institutes of Allergy and Infectious Diseases (NIAID)
 National Institutes of Health (NIH)

Upon PM authorization, CPDC will provide packaging material and instructions to the site. Signature and date processed of CPDC indicates the materials have been sent to the site.

Return to:

The Project Manager of Record *via* email or mail.

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*)

Clinical Research Site Name:	Clinical Research Site Number:
Investigator of Record Name:	Network/Consortium/ Program/Grant:

Protocol Number	IP Name	Strength and Dosage Form	Quantity (specify units)		Manufacturer	Lot Number	Comment(s)
			Full	Partial			

Pharmacy Shipping Address:	Pharmacist of Record Name:	Pharmacy Phone Number:
	Pharmacist of Record Signature:	Date:

<i>NIAID/DAIT/CPDC Use Only</i>		
Return Drug (RD) Number	Date Processed	Signature of Reviewing CPDC Official:
Project Manager Name:	Date:	Project Manager Signature: