

CHANGE IN PHARMACIST OF RECORD (FORM B)

PERMANENT/TEMPORARY NOTIFICATION OF CHANGE IN PHARMACIST OF RECORD FORM

This form serves to notify the Project Manager (PM) of a change in the Pharmacist of Record 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.

<p>Instructions to the NEW Pharmacist of Record:</p> <ol style="list-style-type: none"> 1. Type information directly into the online form, or clearly handwrite on a printed-out form. 2. Complete all sections. 3. Sign and date form. 4. Send a copy of the form, along with a copy of your CV, to the DAIT PM via mail or email. 5. File the original form in the pharmacy binder. 	<p>To Return by Mail:</p> <p>Name of DAIT Project Manager Division of Allergy, Immunology, and Transplantation 5601 Fishers Lane, Room 7D30 For U.S. mail: Bethesda, MD 20892 For FedEx or UPS: Rockville, MD 20852</p> <p>To Return by Email:</p> <p>Locate DAIT PM's email address in the study-specific manual of procedures. <i>(Note: DAIT PM will send copy of form to DAIT PS and the CPC.)</i></p>
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Clinical Research Site Name:	
Clinical Research Site Number:	Network/Consortium/Program/Grant:

Name of PREVIOUS/DEPARTING Pharmacist of Record:		
Departure Date (MM/DD/YY):		
Name of NEW Pharmacist of Record (PoR):		
Pharmacy Phone Number:	Pharmacy Fax Number:	NEW PoR Email Address:

<p>Check only <u>one</u> box:</p> <p><input type="checkbox"/> Permanent change Date effective (mm/dd/yyyy) _____</p> <p><input type="checkbox"/> Temporary change Dates effective (mm/dd/yyyy) from _____ to _____</p>

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 DAIT Pharmacy Guidelines (dated _____), which I have read and understand. I will follow these guidelines to maintain standardization and quality.

Signature of NEW PoR _____ **Date (mm/dd/yyyy)** _____

Signature Acknowledgement of PM or PS _____ **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.