

Instructions to the Pharmacist of Record:

1. Type or clearly handwrite all information.
2. Complete all sections (except *NIAID DAIT Use Only* sections).
3. If drug is needed to be overnighted, check "Yes" in the Overnight field.
4. If Overnight shipment is needed for Saturday, and clinic personnel will be available to receive it, check "Yes" in the Saturday field.
5. Sign and date this form.
6. Return a copy of the signed form by email, fax, or express mail.
7. File the original form in the pharmacy binder.

INVESTIGATIONAL PRODUCT REQUEST (FORM E)

Division of Allergy, Immunology, and Transplantation
 National Institute of Allergy and Infectious Diseases (NIAID)
 National Institutes of Health (NIH)

EMAIL, FAX, or Express Mail to:

CPC: EMINENT Services Corporation
 7495 New Technology Way
 Frederick, MD 21703
 Tel: (240) 629-1972
 Fax: (240) 629-3298
 Email: ShipReq@emiserv.com

NOTE:

- All requests received by 2 p.m. EST on a weekday will be shipped to arrive by 4:30 p.m. on the second day.
- Requests pertaining to refrigerated drugs will be shipped by overnight service to arrive by 10 a.m. on the next business day.

Protocol Number:				IND Number: <input type="checkbox"/> Non-IND Study	
Clinical Research Site Name				Clinical Research Site Number	
Investigator of Record Name				Network/ Consortia/ Program/ Grant	
Patient ID#	Current Inventory	Dosage Form (Unit)	Investigational Product Name	Quantity Required	Comments
Pharmacy Shipping Address:			<u>Date Ordered:</u>	<u>Requested Receipt Date:</u>	
			<u>Ordered By:</u>	<u>Telephone Number:</u>	
			<input type="checkbox"/> <u>Overnight</u>	<input type="checkbox"/> <u>Saturday</u>	
Pharmacist of Record (PoR)/Site Personnel Signature:			Date:		
<i>NIAID/DAIT USE ONLY: AUTHORIZED SIGNATURES</i>					
DAIT PM (for the initial order) or DAIT PS (for subsequent orders) Date:			DAIT Regulatory Officer (for the initial order) Date:		
<i>CPC USE ONLY</i>					
Shipment #			Date		

