

Instructions to the Pharmacist of Record:

1. Type or handwrite clearly all information.
2. Complete all sections (except *CPC Use Only* section).
3. Print this form (if needed).
4. Sign and date this form.
5. Send return request to the EMINENT Services via email or fax.
6. Do not ship any drugs or supplies prior to receiving an authorization from the project manager of the record.
7. File in the Pharmacy Binder.

Investigational Product Return (Form I)

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

Upon PM authorization, CPC will provide packaging material and instructions to the site. Signature and date processed of CPC indicates the IP materials have been received by them.

Return to:

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

Clinical Research Site Name:**Clinical Research Site Number:****Principal Investigator Name:****Network/ Consortia:****Pharmacy Shipping Address:****Pharmacist of Record Name:****Pharmacy Phone Number:****Pharmacist of Record Signature:****Date:**

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

CPC Use Only**Eminent Receipt Number****Date Processed****Signature of Reviewing CPC Personnel:**