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| <p><b>CLINICAL DRUG REQUEST</b><br/>         PHARMACEUTICAL MANAGEMENT BRANCH<br/>         CANCER THERAPY EVALUATION PROGRAM<br/>         DIVISION OF CANCER TREATMENT AND DIAGNOSIS<br/>         NATIONAL CANCER INSTITUTE, NIH</p> <p>Return by FAX to the Pharmaceutical Management Branch at:</p> <p><b>(301) 480-4612</b></p> | <p>The drugs listed below are requested for the use of (please type or print):</p> <p>Dr. _____ NCI Investigator Number: _____<br/>         Designee/Requester (if other than investigator) (please type or print): _____</p> <p>Name _____ Title: _____</p> <p>Telephone Number: _____ FAX Number: _____</p> <p>Email address _____</p> |                  | <p><b>NCI USE ONLY</b></p> <p>Order number: _____</p> <p>Date: _____</p> <p>Authorizing Official Signature _____</p> |
|  | <p>Investigator/Designee Signature _____ Date _____</p>  | <p>COMMENTS:</p> |  |

|   | NCI Protocol Number | No. of Pts. Currently Being Treated | Patient or Special Code (if applicable) | Your Current Inventory | NSC Number | Drug Name | Strength & Dosage Form (Specify vials, tablets, etc.) | Quantity Ordered (Specify vials, bottles, etc.) | Date Needed |
|---|---------------------|-------------------------------------|---|------------------------|------------|-----------|---|---|-------------|
| A |                     |                                     |   |                        |            |           |   |   |             |
| B |                     |                                     |   |                        |            |           |   |   |             |
| C |                     |                                     |   |                        |            |           |   |   |             |
| D |                     |                                     |   |                        |            |           |   |   |             |
| E |                     |                                     |   |                        |            |           |   |   |             |

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| <p>SHIPPING ADDRESS:</p> | <p>MISCELLANEOUS: Urgent shipments must be accompanied by an express courier account number.</p> <p>Express Courier Name: _____</p> <p>Express Courier Acct. No.: _ _ _ _ - _ _ _ _ - _ _</p> <p>Reference No.: _____</p> <p>Express Courier Acct. No.(if other format): _____</p> | <p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> <li>1. TYPE ALL INFORMATION - One item or protocol per line.</li> <li>2. Order using NCI protocol numbers only. Local protocol numbers will cause a delay.</li> <li>3. Fill in all sections completely including the official shipping address.</li> <li>4. Limit drug request to an eight (8) week supply.</li> <li>5. Sign and date the order (must be investigator or designee signature only).</li> <li>6. Do not mark box labeled FOR NCI USE ONLY.</li> <li>7. Return to PMB (see above).</li> </ol> |
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