

<b><i>RETURNED AGENTS LIST</i></b> <b>Use one form for <u>each</u> Agent and Protocol</b> <u>Principal Investigator (PI) for Study (Please type or print):</u>  <u>Date of Return Shipment:</u>  <u>Signature of person preparing Return form (sign below):</u>			NCI Protocol Number:				Return. No.:	
			Institution Address:				Date Received:	
			<input type="checkbox"/> <b>Check here if returned receipt should be mailed to the above address, OR provide a fax number:</b>				Signature of Authorizing Official:	
							Date of Authorization	
Investigational Agent Name	Dosage Form Specify vials, capsules, or tablets)	Strength per dosage form	Lot Number (or Patient ID for Blinded Trial)	Package count	Quantity Returned (Specify whole or partial containers)	Container Number	Action	
1								
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:								
2								
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol <input type="checkbox"/> Other:								
3								
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:								
4								
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:								
5								
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:								
6								
Reason for return: <input type="checkbox"/> Agent expired <input type="checkbox"/> All patient(s) off treatment. <input type="checkbox"/> Protocol complete <input type="checkbox"/> Other:								
<b>INSTRUCTION NOTES:</b> (Please refer to Guidelines for Returning Drugs to DCP Repository for more detailed instructions)						<b>Comments:</b>		
1. Complete all sections to receive proper credit for the return.		6. All agents may be returned by room temperature shipment unless otherwise noted.						
2. Type or print all information		7. Enclose the Return List with the agent returns and ship to:						
3. If one agent is being used in multiple protocols, use a separate Return Form for each protocol		DCP Repository 20301 Century Blvd Bldg 6 Suite 800 Germantown, MD 20874						
4. If one protocol is using multiple agents, use a separate Return Form for each agent		Attn: RETURNS						
5. Pack the agent(s) well to minimize breakage and leakage. The DCP Repository can provide packing material for the safe return of the agents. Please contact us at 240-686-4719 for shipping supplies								