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|---|-------------------------------|--------------------------|--------------------------|------------------------------|---|-----------------------------|--|--|
| INVESTIGATIONAL AGENT REQUEST | | | Institution: | | | | FOR DCP Repository USE ONLY | |
| DIVISION OF CANCER PREVENTION NATIONAL CANCER INSTITUTE | | | Shipping Address: | | | | Return No.: | |
| Print Principal Investigators name below: | | | Attn: | | | | Signature of Authorizing Official: | |
| Print name of requestor below: | | | Study Title: | | | | | |
| Date of Request: | | | NCI Protocol Number: | | | | Date of Authorization: | |
| | | | | | | | | |
| Study Agent | Active or Placebo? | Strength and Form | Package Count | Current Inventory | Quantity Needed | Date Agent is Needed | | |
| 1 | | | | | | | | |
| Other info | | | | | | | | |
| 2 | | | | | | | | |
| Other info | | | | | | | | |
| 3 | | | | | | | | |
| Other info | | | | | | | | |
| 4 | | | | | | | | |
| Other info | | | | | | | | |
| <i>Signature of Requestor:</i> | | | | | | | | |
| <i>PLEASE</i> | | | | | <i>FAX or E-mail a copy of the completed form to:</i> | | | |
| <ol style="list-style-type: none"> 1. Print or Type all information 2. Complete all sections 3. Submit separate requests for each protocol 4. Include current inventory (0 if initial request). 5. Use the PI's designated shipping address only 6. Do not mark in shaded areas | | | | | DCP Chemoprevention Repository Fax: 301-515-4297 Email: jennifer.benkstein@thermofisher.com | | | |
| | | | | | Pharmacy Contact Info: | | | |
| | | | | | Fax: | | | |
| | | | | | Phone: | | | |
| | | | | | E-mail: | | | |