|  |  |
| --- | --- |
| Study code/acronym |  |
| Planned start date |  |
| End date |  |
| Principal investigator |  |
| Company |  |
| Contact person company/CRO  Name, tel., e-mail |  |

The pharmacy needs to be contacted (by telephone or e-mail) prior to the start of each trial. The questions below can serve as a help for the preparation of the contact.

Receipt of study medication and/or drug accountability with fax confirmation

Receipt of study medication with IVRS confirmation

Storage

Immediate transfer to department/investigator

Temperature registration

Prescription-based delivery to patient (including drug accountability)

Confirmation of patient delivery in IVRS

Receipt and storage of returned medication

Preparation of a sterile product

Preparation of non-sterile products

Material needed for the preparation of the product (specify):

Extra medication needed for the study except for the investigational product (specify):

Destruction of medication

Conservation of code envelopes

Number of patients expected to be included in this study?

Please add a protocol or protocol summary detailing the study drug related aspects of the trial.