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| --- | --- |
| Study code/acronym |       |
| Planned start date |       |
| End date |       |
| Principal investigator |       |
| Company |       |
| Contact person company/CROName, 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.