**Drug Transfer Form**

**ONLY TO BE PERFORMED ON REQUEST BY SPONSOR SITE**

**Please fill in the form, sign and send it by e-mail to:**

**bal@cric.nu**

**Before IMP transfer:**

\*Box identifier numbers being transferred between trial sites:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AND number of vials (in total): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* If vials are missing from any of the boxes requested for transfer then please require a list of vial numbers from bal@cric.nu to be used as a check list (attach the list as an appendix to this document).

By my signature I hereby confirm that the SUP-ICU trial IMP, while in my possession, has been stored according to instructions from coordinating centre:

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**During IMP transfer:**

Name of transporting agent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a temperature log been used during transfer?

 Yes [ ]  No [ ]

If not, please indicate specific reason\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\*needs to be accepted by CRIC representative)

Has any unforeseen circumstances been reported by transporting agent indicating that IMP should not be used (if yes, please contact SUP-ICU hotline 0045 3545 7450).

 Yes [ ]  No [ ]

**After IMP transfer:**

\*\*Box identifier numbers being transferred between trial sites:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* If vials are missing from any of the boxes transferred then please find a list of the specific vial numbers of transferred vials attached as an appendix to this document.

By my signature I hereby confirm that the SUP-ICU trial IMP listed above (including the appendix, if provided), has been received.

The temperature log has been reviewed and found acceptable and the IMP will be stored according to instructions from coordinating centre:

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_