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OMB No. 0925-0613 Expires: 03/31/2019 NIH-2564

Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0613). Do not return the completed form to this address.

| National  | Institutes of F<br>Cancer Instit | ute      | untability Record                                | Cancer Thera | Division of Cancer Treatment and Dia<br>Cancer Therapy Evaluation Program |  |                                       | CONTROL RECORD |             |          |  |
|---|----------------------------------|----------|--|--------------|---|--|---------------------------------------|----------------|-------------|----------|--|
| Investigational Agent Accountability Record  Name of Institution: |                                  |          |  |              |   |  | SATELLITE RECORD ☐  NCI Protocol No.: |                |             |          |  |
|   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| Agent Name:   |                                  |          |  |              |   | Dose Form and Strength:                    |                                       |                |             |          |  |
| Protocol  | Title:                           |          |  |              | Dispensing Area:  |  |                                       |                |             |          |  |
|   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| Investiga   | ator Name:                       |          |  |              | CTEP Investigator ID:   |  |                                       |                |             |          |  |
| Line Patient's Qu   |                                  |          |  |              |   | ty Balance Forward Manufacturer Recorder's |                                       |                |             |          |  |
| No.   | Date                             | Initials | Patient's ID No.                                 | Dose         | Dispensed<br>Received   | l or<br>d                                  | Balance                               |                | and Lot No. | Initials |  |
| 1.  |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 2.  |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 3.  |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 4.  |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 5.  |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 6.  |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 7.  |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 8.  |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 9.  |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 10.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 11.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 12.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 13.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 14.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 15.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 16.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 17.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 18.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 19.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 20.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| 21.   |                                  |          |  |              |   |  |                                       |                |             |          |  |
| <u></u>   |                                  |          | <del>                                     </del> |              | 1   |  |                                       |                |             | 1        |  |