Collection of this information is authorized under 21 CFR 312.57. This information is collected to ensure compliance with Food and Drug Administration (FDA) requirements for NCI as an IPÖ sponsor and that investigational agents are under the control and accounted for by competent authority. The information may be disclosed to researchers for investigational purposes, sponsors of clinical trials and their company collaborators, the applicable Institutional Review Board, NCI, FDA and Department of Health and Human Services. Submission of this information is voluntary, however, in order for you to conduct a study in accordance with relevant, current protocols, you must complete all fields.

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| Investigational Agent Accountability Record Oral agents ONLY | | | | | | | National Cand Division of Ca | National Institutes of Health National Cancer Institute Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program | | | PAGE NO. CONTROL RECORD □ SATELLITE RECORD □ | | | |
|--|------|-----------------------|------------------|------|-----------------------------|---|---------------------------------|--|------------------------|---------------------------------------|--|---------------------------------|------------------|--|
| Name of Institution: Protocol Title: Agent Name: | | | | | | Investigator Name: CTEP Investigator ID | | | | | | | estigator IDK | |
| | | | | | | NCI Protocol No: | | Local Protocol No: | | Dispensing Area: | | | | |
| | | | | | | Dose Form and StrengthK | | | | Bottle size (e.g., # tablets/bottle): | | | | |
| Line No. | Date | Patient's Initials | Patient's ID No. | Dose | Quant Dispense Receiv | ed or | Balance Forward Balance | Manufacturer and Lot No. | Recorder's Initials | Expiration Date (if available) | Date Patient Returned | Quantity Patient Returned | Patient Initials | |
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