Instructions to Complete This Form:

1. Before completing and signing this form, refer to the "Transfer of Investigational Product" section in the *Pharmacy Guidelines and Instructions for DAIT-sponsored Clinical Trials*.
2. Type or clearly handwrite all information.
3. Complete all sections (except *NIAID/DAIT Use Only* section).
4. Print this form (if needed).
5. Sign and date this form.
6. Send to the project manager of the record via mail, fax, and/or email.
7. Upon approval, retain a copy and record transfer on corresponding drug accountability record.
8. File this form in the SECDs.

INVESTIGATIONAL PRODUCT TRANSFER (FORM H)

Division of Allergy, Immunology, and Transplantation
National Institutes of Allergy and Infectious Diseases (NIAID)
National Institutes of Health (NIH)

Form was initiated by: (Name)

□ Project Manager:_____

□ Regulatory Officer:_____

□ DAIT Pharmacist:_____

☐ Transfer of IPs to a **Different** Protocol, **Same** Clinical Research Site
☐ Transfer of IPs to a **Different** Protocol, **Different** Clinical Research Site
☐ Transfer of IPs to a **Same** Protocol, **Different** Clinical Research Site

TRANSFER FROM:	**TRANSFER TO:**	**SHIP TO:**
Investigator of Record Name:	Investigator of Record Name:	CPDC Name:
Clinical Research Site Name:	Clinical Research Site Name:	CPDC Address:
Clinical Research Site Number:	Clinical Research Site Number:	

This is a standard form used for all DAIT-sponsored studies. Photocopying is authorized. Revised NOV 2013

CPDC Signature: Date	Pharmacy Phone Number
Shipping Pharmacist of Record Name & Signature:	Date

FROM Protocol Number	TO Protocol Number	Investigational Product Name	Strength and Dosage Form	Quantity	Manufacturer	Lot Number

NIAID/DAIT Use Only	
Drug Transfer ☐ Approved ☐ Disapproved	DAIT Regulatory Officer Signature: Date:
DAIT Pharmacist Date:	DAIT Project Manager Signature: Date: