

Appendix A: Investigational Drugs Shipping Request Form

Study team completion of this form is <u>strongly recommended</u> for every IDS facilitated shipment occurrence to ensure all details for safe hand off are available. Refer to 'IDS P&P Shipment of Investigational Drugs' for further details on IDS requirements and capabilities. IDS will turn away any courier who arrives prior to their scheduled job date/time in the event that the prescription or documentation elements are incomplete. We require a <u>minimum of 1 hour lead time</u> but strongly recommend <u>day before or earlier</u> transmission of prescription and IWRS, if permitted by study logistics. IDS will decline to hand off any prescriptions with insufficient information available.

To: IDS team From:

Request Date: Best number to contact if issues:

Main IDS

investigational.drug@vcuhealth.org

Main Hospital, B-300 1250 East Marshall Street P.O. Box 980042 Richmond, Virginia 23298-5051

O 804.828.7901 **F** 804.827.0181

AOP IDS

AOP.IDS@vcuhealth.org

AOP, 5th Floor, Room 5-182 1001 E. Leigh St. Richmond, VA 23219 O 804.628.7180 F 804.627.0181

Please direct questions to applicable shared email above for quickest response.

IDS will charge a send-out fee of \$75 for industry studies (\$50 for all other study types) for shipment as well as the actual shipment cost incurred (if IDS Fedex or UPS accounts utilized). **Any shipments requiring temperature monitoring must be scheduled and facilitated by the study team.**

By requesting shipment, study team is confirming that the appropriate permissions/consents are in place to allow this shipment and that study team will maintain documentation of:

- Subject enrollment and any documentation required to demonstrate subject eligility for shipment
- Subject, sponsor and/or primary investigator consent to direct shipments of study drug from IDS to the subject's residence
- Subject's treatment administration records (i.e., medication diaries)

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Items Required to Ship:	
☐Sponsor Approval*	☐ Principal Investigator (PI) Approval*
□Shipping Address	□Patient Diary or any other sponsor documents
(must be street address,	to be shipped with study IP and specify
PO Box not permitted)	(write NA if not applicable)
*Please forward any documenta	on of sponsor and/or PI permissions for shipment.
If you have verified that an appro	al memo and permission is already on file with IDS, please write NA above.
PI may sign this form as docume X	ation of approval if no other written documentation is available:
Shipping OUT OF STATE will r	ed further review to determine if within the confines of the law; please contact IDS
Patient Name:	Study Name:
Subj # & MRN:	Phone Number:
Shipping Address:	Requested date for arrival at Patient's Residence: [Any comments on supply status]
Shipping v	l occur only to the patient's address Monday through Thursday.
☐ Third party courier job for to	nsport? Date and time pick-up is scheduled:
	Courier contact number:
	ne email that connects the job number with the subject number/study prescription
to IDS to ensure successful hand	uff.