

OSAC Trial Patient Packs Requisition Form and Transfer Log v1.2 (22 Oct 2013)

PAGE 1 OF 2

SECTION 1: Requesting OSAC Trial Centre / GP Practice to complete to order Patient Packs:

OSAC Trial Centre : _____

GP Site Name: _____

Request supply of:

Quantity	Investigational Medicinal Product
_____ (multiple of 4)	OSAC Trial Patient Packs containing Prednisolone 20mg or Placebo tablets X 10

Requested by (signature): _____ Print name: _____

Date: ___ / ___ / ____ (dd / mm / yyyy) Telephone Number: _____

- **Requesting GP practices:** Please fax Page 1 of this form to your local trial centre. File the original in your site trial file.
- **Requesting OSAC trial centres:** Please fax Page 1 of this form to the Bristol trial centre (0117 928 7341). File the original in your centre trial file.
- **Bristol trial centre:** Please fax this form to UH Bristol Pharmacy (0117 342 4304). File the original in the TMF.

SECTION 2: UH Bristol Pharmacy / Issuing OSAC Trial Centre to complete on issue of Patient Packs to the requesting trial centre / site:

OSAC Trial Centre (name) or UH Bristol Pharmacy: _____

Number of OSAC Trial Patient Packs issued: _____ (multiple of 4)

Patient Identification Numbers of the packs issued: _____ to _____ (must be consecutive)

Dispensed by: _____ Date: ___ / ___ / ____ (dd / mm / yyyy)

Checked by: _____ Date: ___ / ___ / ____ (dd / mm / yyyy)

Transfer from (name storage location): _____

While the investigational medicinal product has been held at the above storage location I can confirm that it has been stored according to the recommended conditions and the packaging is intact prior to transfer.

Released by (signature): _____ Print name: _____

On date: ___ / ___ / ____ (dd / mm / yyyy) At time: ____ : ____ (24 hour clock)

- **UH Bristol Pharmacy:** Take a copy of this form and send with the Shipment. File original in pharmacy file.
- **Issuing OSAC trial centres:** Take a copy of this form and send with the Shipment. File original in the trial file.
- **UH Bristol and issuing centre:** When the courier company arrives to collect the Shipment, ensure that the courier completes section 3 of this form (on Page 2).

PAGE 2 OF 2

SECTION 3: Courier Company to complete on collection of Patient Packs:

Transferred by (Courier Company): _____

Accepted by (signature): _____ Print name: _____

On date: ___ / ___ / ____ (dd / mm / yyyy)

At time: ____ : ____ (24 hour clock)

SECTION 4: Receiving OSAC Trial Centre / GP practice to complete on receipt of Patient Packs:

Transferred to OSAC Trial Centre (name) / GP Site (name of site): _____

Received by (signature): _____

Print name: _____

On date: ___ / ___ / ____ (dd / mm / yyyy)

At time: ____ : ____ (24 hour clock)

State of Study Medication: **Acceptable / Not Acceptable** (please circle)

Please provide details: _____

Signature: _____

- **Receiving GP practices:** Take a copy of this form and fax to your local trial centre. File original in site file.
- **Receiving OSAC trial centres:** Take a copy of this form and fax to the Bristol trial centre (0117 928 7341). File original in the centre trial file.
- **Receiving GP practices and OSAC trial centres:** Place OSAC Treatment Packs in the designated and risk-assessed storage location.