

Office of Sponsor and Regulatory Oversight	Document #:	F01-501-S07
	Revision #:	4

CCR/OSRO Sponsor Investigational Product Preparation

Effective Date: 29APR2024

Instructions: The form must be completed for each Investigational Product and on file with the clinical pharmacy. The form must be revised as applicable information is updated, e.g., Investigator's Brochure, package insert, Pharmacy Manual. For each revision, update the completion date and form version number below and summarize the updates in Section 4.

Form Revision Number:	Form Revision Date:		
Protocol Number:	IND Number:		
Protocol Title:			
Investigational Product:			
Drug Name:			
-			
1. How is the investigational	product supplied?		
Oral Formulation	Parenteral Formulation	Topical Formulation	Other (specify):
Tablet	Solution	Cream	
Capsule	Lyophilized powder	Lotion	
Suspension		Ointment	
Solution Powder for Reconstitu	ition	Other (specify):	
Powder for Reconstitu	ILION		
Auxiliary Label Information (e.g.	, "Do Not Refrigerate," "Use In-lin	e Filter," "For Intrathecal Us	e Only"):
		·	, ,
At what temperature(s) will the	investigational product be stored	?	
What are the temperature requirements for storing this product? Describe the permissible temperature range (highest/lowest/duration).			
what are the temperature requirement			
what are the temperature requirement			

2. How will the investigational product be administered?

Enteral Parenteral Topical Other (specify):

By mouth IV Infusion By peg tube/J-/NG- IV push

/NJ-tube/etc. Injection (e.g., SC, IM, IT, etc.)

Line Type:



Preparation Instructions, in sequential steps:

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Dose/Dose Calculation:		
Drug Strength, as supplied:	Drug Package/Unit Size, as supplied	:
Diluent Name:		

3. How will the investigational product be destroyed?

Document & Destroy (per Site SOP)

Email OSROStudyAgent@NIH.gov for approval

Document & Destroy (per manufacturer/supplier agreement)



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4. Revision History				
Rev.#	Rev. Date	Comment	Preparer Signature	Approval Signature
		New document		