

	Office of Sponsor and Regulatory Oversight	Document #: F01-503-S01
	Request for Authorization to Transfer Investigational Product	Revision #: 1
		Effective Date: 03MAY2024

Instructions: Use this form to request authorization to transfer Investigational Product (IP) between protocols or clinical research sites. Signatures from the originating Principal Investigator (PI) / Investigator of Record (IOR) are required. Email the completed, signed form and supporting documents to [OSROStudyAgent](#).

TRANSFER TYPE

- Transfer of IP to a **different** protocol. **Same** clinical research site.
- Transfer of IP to a **different** protocol. **Different** clinical research site.
- Transfer of IP to the **same** protocol. **Different** clinical research site.

	TRANSFER FROM:	TRANSFER TO:	SHIP TO:
PI/IOR Name:			
Protocol Number:			
Clinical Research Site Name:			

INVESTIGATIONAL PRODUCT(S)

	Item 1	Item 2	Item 3	Item 4
IP Name:				
IDMS Lot #:				
Manufacturer:				
Manufacturer Lot #:				
Expiration Date:				
Quantity To Transfer:				
Current Location:				

FORM COMPLETED BY:

TRANSFERRING PI/IOR APPROVAL:	RECEIVING PI/IOR APPROVAL:
_____	_____

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FOR OSRO USE ONLY

INDICATE THE REVIEWED DOCUMENTATION

Drug accountability log and reported current inventory

IP storage temperature logs

Manufacturer and/or supplier authorization

Other:

THE TRANSFER REQUEST IS APPROVED:

THE TRANSFER REQUEST IS DENIED:
