# INVESTIGATIONAL AGENT REQUEST

## NATIONAL CANCER INSTITUTE

## DIVISION OF CANCER PREVENTION

Principal Investigator’s Name: Institution:

Name of Requestor: Shipping Address:

Date of Request: Attn:

Study Title: Protocol Number (DCP-assigned):

|  | **Study Agent** | **Active or Placebo?** | **Strength, Unit and Dose Form** | **Current Inventory** | **Package Count** | **Quantity Needed (Whole Containers)** | **Date Agent is Needed** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

Other information *(e.g., kit/randomization #)*

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|  |  |  |  |  |  |  |  |

Other information *(e.g., kit/randomization #)*

### PI/Designee Contact Information

Name:

Phone:

Email:

Signature/Printed Name:

Title:

### Email the completed form to: DCP Chemoprevention Agent Repository Phone: 816-753-7600 Email: [NCI.DCP@mriglobal.org](mailto:NCI.DCP@mriglobal.org)

### Pharmacy Contact Information

Phone:   
E-mail:

### Instructions for Submitting Investigational Agent Requests

Investigational agents’ orders for DCP-sponsored clinical trials must be written on the Investigational Agent Request form and emailed to the DCP Agent Repository at [NCI.DCP@mriglobal.org](mailto:NCI.DCP@mriglobal.org)

The Agent Request form must be filled out completely and accurately, and all procedures must be followed.

1. The Investigational Agent Request form must be signed by the investigator or his/her authorized designee.
2. Orders will only be shipped to the investigator's designated pharmacy shipping address. All changes to the investigator’s shipping address must be in writing and signed by the investigator/designee.
3. When a study has multiple investigators from the **same institution**, one investigator must be designated as the Site Leader under whom all Investigational agents for that protocol will be ordered.
4. Orders must use the DCP-assigned CP-CTNet protocol numbers only. Use of local protocol numbers will cause delay or denial.
5. Use the agent name specified in the protocol, no abbreviations or brand names.
6. Include strength, unit and dose form.
7. State date agent(s) will be required.
8. Specify the package count.
9. Specify quantity needed in whole containers.
10. Orders MUST INCLUDE current inventory at the requesting site.
11. A return/reply telephone and email of the pharmacist, designee/investigator must be included on the order form.
12. For next day delivery requests, please call the DCP Repository at 816-753-7600 to confirm receipt of orders.  
      
    Incomplete, illegible or inaccurate CDR ’s will be denied and faxed back to the sender for corrections and/or clarifications

**DCP Agent Repository processing time is typically five (5) business days. Orders will be shipped within 5 business days based on drug availability, provided there are no shipping restrictions, (e.g. thermo-labile agents, holiday restrictions).**