# **DCP RETURNED AGENTS LIST**

*Use one form for each Agent and Protocol*

Principal Investigator (PI) for Study   
(Please type or print):

Date of Return Shipment:  
Signature of person preparing Return form:

NCI Protocol Number:

Institution Address:

□ Check here if requesting returned receipt (provide email address):

*The Container Number and Action are***FOR MRIGlobal use only**

Date Received:

Signature of Authorizing Official:

Date of Authorization:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Investigational Agent Name** | **Dosage Form**  **(Specify vials, capsules, or tablets)** | **Strength per Dosage Form** | **Lot Number**  **(or Patient ID for Blinded Trial)** | **Package Count** | **Quantity Returned**  **(Specify whole or partial containers)** | **Container Number** | **Action** |
| 1. |  |  |  |  |  |  |  |

Reason for return: □ Agent expired □ All patient(s) off treatment □ Protocol complete □ Other:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2. |  |  |  |  |  |  |  |

Reason for return: □ Agent expired □ All patient(s) off treatment □ Protocol complete □ Other:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3. |  |  |  |  |  |  |  |

Reason for return: □ Agent expired □ All patient(s) off treatment □ Protocol complete □ Other:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4. |  |  |  |  |  |  |  |

Reason for return: □ Agent expired □ All patient(s) off treatment □ Protocol complete □ Other:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5. |  |  |  |  |  |  |  |

Reason for return: □ Agent expired □ All patient(s) off treatment □ Protocol complete □ Other:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6. |  |  |  |  |  |  |  |

Reason for return: □ Agent expired □ All patient(s) off treatment □ Protocol complete □ Other:

###### INSTRUCTIONS

1. Complete all sections to receive proper credit for the return;  
2. Type or print all information;  
3. If one agent is being used in multiple protocols, use a separate Return Form for each protocol;  
4. If one protocol is using multiple agents, use a separate Return Form for each agent;  
5. Pack the agent(s) well to minimize breakage and leakage;  
6. All agents may be returned by room temperature shipment unless otherwise noted; and  
7. Enclose the Return List with the agent returns and ship to:

**NCI-DCP Repository**MRI Global1222 Ozark Street  
North Kansas City, MO 64116  
Phone: 816-753-7600  
Attn:  ***RETURNS***

###### COMMENTS