

**Investigational Drug Service
Emory University
SPONSOR SIV CHECKLIST**

Protocol# _____

Sponsor/CRO: _____

Projected Start Date: _____

CONTACT INFORMATION

Monitor name: _____ Email: _____

Voicemail: _____ FAX: _____

DRUG ORDERING

Is sponsor using automated system for study? ___ Yes ___ No Shipments automated? ___ Yes ___ No

If drug shipments are not automated, what is sponsor's process for ordering study drug?

_____ Drug order form (provide form) _____ Email _____

_____ Telephone _____ Other _____

PHARMACY MANUAL

Is Pharmacy manual provided? ___ Yes ___ No If yes, it should be shipped to Susan Rogers; Emory University Clinic, Building A, Suite 1200, 1365 Clifton Road, NE; Atlanta, GA 30322

MONITOR VISITS

Does sponsor allow inventory, patient returns (if applicable), or any used or unused inventory to be destroyed locally via incineration? ___ Yes ___ No

If not, describe method of disposal to include address for return shipments:

TEMPERATURE CONTROL

In the event of a temperature excursion with stored drug product, sponsor should be notified via:

_____ Sponsor Temperature Excursion Form (provide copy) _____ Email _____

_____ Telephone _____ Other _____

Signature: _____ Date: _____

(Sponsor Authorized Representative)

Complete and fax original to Susan Rogers @ (404)727-0265.