



**Investigational Product Transport and Chain of Custody Form**

Protocol: \_\_\_\_\_

PI Name: \_\_\_\_\_

**All Investigational Product for this study is being transported**  
**OR**

**Investigational Product is being transported for a single subject:**

Subject ID Number: \_\_\_\_\_

Subject Initials: \_\_\_\_\_

Visit: \_\_\_\_\_

Date of visit: \_\_\_\_\_

**Investigational Product being transported:**

Name	Amount	Lot #	Kit #	Exp. Date

**Transportation Details:**

Date of Transport: \_\_\_\_\_

Transported by: \_\_\_\_\_

(Print the Name of Research Staff Member)

Study Drug placed into secure, temperature monitored container

**Transported from:**

Location name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Transported to:**

Location name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Time left dispensing site: \_\_\_\_\_

Temp inside container: \_\_\_\_\_ F/C

Time arrived at receiving site: \_\_\_\_\_

Temp inside container: \_\_\_\_\_ F/C

**Was IP Temperature Maintained per study protocol? \_\_\_\_ YES \_\_\_\_ NO**

# USA HEALTH

Signature of person transporting Drug: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person receiving Drug: \_\_\_\_\_ Date: \_\_\_\_\_