*Please mark ONE of the following boxes:*

|  |  |
| --- | --- |
| 🞏 | **Request for Initial Drug Shipment to Site** |
| 🞏 | **Request for Resupply Drug Shipment to Site** |
|  |  |

**EMAIL ORDER TO:** [ca209@csmondemand.com](mailto:ca209@csmondemand.com) & cc. to ctc.animate@ucl.ac.uk

**Date of Request:** (dd/mmm/yyyy) : / / 2020

**Section A – Site Details** (to be completed by the site)

***Preferably complete electronically or if handwritten, in CAPITAL LETTERS only***.

|  |  |  |
| --- | --- | --- |
| Principal Inv. Name: |  | |
| Hospital/Institution/Depot |  | |
| Street: |  | |
| Number: |  | |
| Building Floor/Other: |  | |
| Zip Code/City/Country |  | |
| Contact Name: |  | |
| Contact Email: |  | |
| Contact Tel.: |  | |
| Contact Fax: |  | |
| Site Number: |  | |
| **Delivery Address (**If Different from Investigator Address): | |
| Street: |  | |
|  |  | |
| Number: |  | |
| Building Floor/Other: |  | |
| Zip Code: |  | |
| City: |  | |
| Country: |  | |
| Comments: |  | |

**Section B – Order Information**

|  |  |
| --- | --- |
| **Product Name**: | **Quantity:** |
|  |  |
| **Nivolumab 100 mg** | \_\_\_\_\_ Boxes of 5 vials |
| Date medication required at site (dd/mmm/yyyy) : / / 2020  SPECIAL INSTRUCTIONS  Please Note: These are refrigerated supplies. Please transfer to **+2°C/+8°C** immediately upon  receipt. | | |

Once the drug supply is received by the sponsor/site – It is the site’s responsibility to maintain adequate inventory. This includes requesting resupply in a reasonable timeframe to include for a 5 – 7 days shipping and delivery period.  In addition, the site is responsible for monitoring the expiration date of supplies and inquiring with BMS to see if those supplies can be extended or replaced.