

CANCER RESEARCH UK & UCL CANCER TRIALS CENTRE

NOTIFICATION OF TEMPERATURE EXCURSION

Site Information			
Site name			
Reporter name and title (e.g. Lead Pharmacist, PI)			
Telephone number		Fax number	
Email address		Date of report	

Temperature Excursion Information			
Storage area affected (e.g. fridge, freezer, etc)		Date(s) of temperature excursion	
Minimum temperature recorded		Length of time of temperature excursion	Hours: Minutes:
Maximum temperature recorded		Copy of temperature log/graph available?	Yes/No
Reason for excursion			

Product(s) Information			
Drug name		Trial name(s)	
Quantity and form of affected drug (e.g. vials, bottles, boxes, etc.)		Batch/Lot number(s)	
Have any patients been treated with drug affected by the excursion?	Yes/No		
If yes, give trial number & initials of affected patient(s) and date dispensed			
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Drug name		Trial name(s)	
Quantity and form of affected drug (e.g. vials, bottles, boxes, etc.)		Batch/Lot number(s)	
Have any patients been treated with drug affected by the excursion?	Yes/No		
If yes, give trial number & initials of affected pt(s) and date dispensed			
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Drug name		Trial name(s)	
Quantity and form of affected drug (e.g. vials, bottles, boxes, etc.)		Batch/Lot number(s)	
Have any patients been treated with drug affected by the excursion?	Yes/No		
If yes, give trial number & initials of affected pt(s) and date dispensed			

Please send this form either by email to excursions@ctc.ucl.ac.uk or by fax to **0207 679 9871** with copies of the relevant temperature logs/graphs