

## Pharmacy Review Form

1. Name and Coordinates of Principal Investigator:

Department:

Address:

Telephone number:

Fax number:

Email:

Name and Coordinates of Research Coordinator:

Department:

Address:

Telephone number:

Fax number:

Email:

2. MUHC sites where study is taking place (select all that apply):

RVH    MGH    MCH    MCI    MNH    Lachine

3. Study Title:

4. Name of investigational drug:

**If you require pharmacy services during this study, please complete this form and submit it for pharmacy review along with the protocol and the investigator brochure/product monograph.**

**If you prefer to dispense the study drug yourself, you must fulfill the following conditions:**

***Conditions: A. The research protocol is conducted only with out-patients***

***B. The investigational drug is given to the user in the original container, labelled by the manufacturer***

**Please follow the link to the Self-Evaluation for the Management of Experimental Drugs form, complete the form, and submit it for pharmacy review along with page 1 of this form, the protocol and the investigator brochure/product monograph. You must also send a sample of the investigational product (in its original package – which will be returned) and a sample of the label that will be attached to the investigational product that conforms to the regulations from the Order of Pharmacists (this is not the label supplied by the manufacturer).**

**[Self-Evaluation for the Management of Experimental Drugs form](#)**

5. Number of subjects to be randomized:

6. Number of investigational drug dispensations required per subject:

7. Does the study require MUHC pharmacy services during regular operating hours (8AM to 4PM Monday to Friday)?  Yes  No

8. Does the study require MUHC pharmacy services outside of regular operating hours (4-10 PM Monday to Friday, 9AM-9PM Saturday and Sunday)?  Yes  No

9. Does the study require a MUHC pharmacist on-call (10PM-8AM Monday to Friday, 9PM to 9AM Saturday and Sunday)?  Yes  No

10. What is the randomization window for pharmacy services, as described in the study protocol (in hours)?

11. Indicate any commercial drugs or accessory components to be purchased from the MUHC pharmacy.

- Tubing, specify:
- Cassettes specify:
- Commercial drug, specify:
- Other, specify:

12. Indicate all MUHC pharmacy resources to be utilized.

- Purchase of drug, specify:
- Preparation of drug, specify:
- Storage of drug, specify:
- Dispensation of drug, specify:
- Shipment of drug to patient, specify:
- Subject randomization, specify:
- Other, specify: