



EXCALIBUR Dispatch Form

ISRCTN Number: ISRCTN26614726

To be completed by Site/Centre sending IMP:

From: Site/Centre Name:

To: Site/Centre Name:

Dispatching Site/Centre email address:

1. Trial IMP to be transported

Patient Pack No

2. Please tick the boxes to confirm the following actions have been completed

- a. Drug Accountability Log at Site/Centre updated
- b. Top section of Dispatch Form completed
- c. Dispatch Form placed in with IMP & copy filed in ISF/DCMF

| Date Packed for Transportation | Prepared by (print name) | Prepared by (signature) |
|--------------------------------|--------------------------|-------------------------|
| DD/MMM/YYYY | | |

N.B. Please notify the Recipient Site/Centre when the courier has collected the IMP shipment.

To be completed by Site/Centre receiving IMP:

Receiving Site/Centre email address:

| Date received | Received by (print name) | Received by (signature) |
|---------------|--------------------------|-------------------------|
| DD/MMM/YYYY | | |

1. Did damage occur to the shipment during transit? No Yes

If yes, please quarantine the IMP and contact the EXCALIBUR trial team at SCTU immediately (023 8120 5154).

- 2. Update Drug Accountability Log
- 3. Complete Dispatch Form and email/fax back to 'dispatching' site/centre.
- 4. Copy of completed Dispatch Form should be filed in relevant ISF/DCMF.