



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



Signature of person transporting Drug: _____ Date: _____

Signature of person receiving Drug: _____ Date: _____