CHANGE IN CONTACT INFORMATION (FORM D)

NOTIFICATION OF CHANGE IN PHARMACIST CONTACT INFORMATION AND/OR PHARMACY ADDRESS(ES)

This form serves to notify the Project Manager (PM) of a change in the pharmacy phone number, fax number, pharmacist email, and/or address of the physical/shipping location and is to be used in place of a revised Pharmacy Establishment Plan; however, upon review by the PM, submission of a revised *DAIT, Pharmacy Establishment Plan (Form A)* may be required for approval.

Instructions to the Pharmacist:

1. Type information directly into the online form, or clearly handwrite on a printed-out form.
2. Complete all sections.
3. Sign and date form.
4. Send a copy of the form, along with a copy of your CV, to the DAIT PM via mail or email.
5. File the original form in the pharmacy binder.

To Return by Mail:

Name of DAIT Project Manager
Division of Allergy, Immunology, and Transplantation
5601 Fishers Lane, Room 7D30
For U.S. mail: Bethesda, MD 20892
For FedEx or UPS: Rockville, MD 20852

To Return by Email:

Locate DAIT PM's email address in the study-specific manual of procedures. *(Note: DAIT PM will send copy of form to DAIT PS and the CPC.)*

Clinical Research Site Name:		
Clinical Research Site Number:		**Network/Consortium/Program/Grant:**
Pharmacist Name:		☐ **Pharmacist of Record** ☐ **Back-up Pharmacist**
Pharmacy Phone Number:	**Pharmacy Fax Number:**	**Email Address:**

Check all that apply for changes in pharmacist contact information:

☐ New Pharmacy Phone Number ☐ New Pharmacy Fax Number ☐ New Pharmacist Email Address

Check all that apply for changes in pharmacy address(es):

☐ New Mailing Address ☐ New Shipping Address ☐ New Physical Location Address

Provide the new mailing address below:	***Provide the new shipping address below:***	***Provide the new physical location address below:***

Signature of Pharmacist: _____Date (mm/dd/yyyy): _____

Signature of the Pharmacist of Record's Supervisor: _____ Date (mm/dd/yyyy): _____

Signature Acknowledgement of PM or PS: _____ **Date (mm/dd/yyyy): _____**

ONCE THE FORM IS RECEIVED, PROCESSED, AND ACKNOWLEDGED BY THE PM, THE ACKNOWLEDGEMENT EMAIL MUST BE PRINTED OUT AND FILED WITH THE SITE'S MOST CURRENT, APPROVED *DAIT PHARMACY ESTABLISHMENT PLAN*, ALONG WITH A COPY OF THE SUBMITTED NOTIFICATION FORM.