NIH-986 (REV. 02/04) 12/00

CLINICAL DRUG REQUEST

DCP Version of NIH Form 986
DIVISION OF CANCER PREVENTION
NATIONAL CANCER INSTITUTE, NIH

Request only agents <u>supplied</u> by the National Cancer Institute

The agents listed below are requested for use by (one investigator per form only):

Dr.

NCI Investigator No.:

Address: (Including Institution)

Attn:

Contract Title: **MAY04-4-01, "Randomized, Double-Blinded Phase II Trial of Esomeprazole versus Esomeprazole + Two Doses of Aspirin in Barrett's Esophagus Patients"**

☐ **Check here if DCP Repository blinds the labels on the bottles**

FOR DCP Repository USE ONLY

Return. No.:

Signature of Authorizing Official:

Date of Authorization:

	NSC Number (if applicable)	Agent Name	NCI Protocol Number	Current Inventory	Strength, Unit, & Dose Form (Specify vials, capsules, or tablets)	Date Agent Required	Quantity (Specify whole containers)		
1		**esomeprazole**	**MAY04-4-01**	**0**	**40mg tablets, 90/bottle**		**3 bottles**		
	Additional information (circle one): Active or placebo	Baseline visit or Six month visit	Other (please specify)						
2		**Antacid**	**MAY04-4-01**	**0**	**100 tablets per bottle**		**3 bottles**		
	Additional information (circle one): Active or placebo	Baseline visit or Six month visit	Other (please specify)						
3									
	Additional information (circle one): Active or placebo	Baseline visit or Six month visit	Other (please specify)						
4									
	Additional information (circle one): Active or placebo	Baseline visit or Six month visit	Other (please specify)						
5									
	Additional information (circle one): Active or placebo	Baseline visit or Six month visit	Other (please specify)						
6									
	Additional information (circle one): Active or placebo	Baseline visit or Six month visit	Other (please specify)						

Date Received:

INSTRUCTIONS: (Please refer to Guidelines for Submitting Clinical Drug Request for more detailed instructions)

1. Clinical Drug Request (CDRs) must be filled out completely and accurately
2. Orders will only be shipped to the investigator's designated shipping address
3. Orders must use the NCI protocol numbers only
4. Type all information-one item per line.
5. Investigator signature or signature of individual preparing this form:
6. If submitting request for more than one protocol, each protocol MUST have its own CDR.
7. State date the agent is required.
8. Orders must include current inventory.
9. DO NOT mark in shaded areas

Signature / Printed Name *Date* *Title*

Return completed form to:

DCP Repository

Fax: 301-515-4297

Email: <u>dcprepository@mckessonbio.com</u>

Contact Number: Provide your FAX number and telephone number in the space below.

Fax:

Phone: