

Pharmacy Investigation Drug Study Worksheet

This form will be used as a tool to estimate the pharmacy cost of the study. Pharmacy cost will consist of a **set-up fee** (includes the initial set up of the study, communication to staff, receiving inventory, ongoing inventory, record keeping, close-out and return of stock) and a **per dose dispensing fee** (includes all the time associated with the randomization and blinding, dose preparation, and dispensing documentation).

Once complete, please forward this form to Tzivia Leviton, Investigation Drug Pharmacist, Mail Code: RL. If available, please attach the study *Background Information and Drug Information* from your applicable protocol. If you have any questions please call at 873-3103 or page at 589-9147.

Protocol Title: _____

Principal Investigator: _____

Name of Person Completing This Form: _____ **Phone:** _____

Estimate the number of patients and length of time that the study will be open for enrollment? _____ Patients _____ Months/Years

Is patient enrollment in the study randomized? Yes ___ No ___

If yes, does pharmacy control the randomization? Yes ___ No ___
(Please include the blinding and randomization procedure from the manufacturer)

Is the investigation drug dosage form IV or Oral? _____

If IV, please indicate the dose preparation requirements _____

(Please include any dose preparation material provided from the manufacturer)

Is the investigational drug chemotherapy or a biological? Yes ___ No ___

What is the need for turn around time for dose dispensing?

Less than 30 minutes
30 – 60 minutes
60 minutes – 2 hours

Will dispensing occur during off hours (5pm – 8am)? Yes ___ No ___

Are there any special storage requirements for the drug inventory?

Temperature control beyond room temperature _____

Excessive quantity or bulk _____