

FORM

Title: **Almac Sites Returns Form**



Doc. No.: FRM-OP-110
Version No.: 1.0
Supersedes No.: N/A

Page: 1 of 4

Owning Department: Pharmaceutical Operations

Drug Return Instructions
Drug Return Instruction

Document Ref: DRI.HAB.Hana 3VCK.01



Protocol: Hana 3VCK

Instruction for Sites to Return Used/Unused Material to Almac Clinical Services NC

Return Courier

Returns to Almac US - Sites must reference their Quote and Protocol in the following format: 14323/Hana 3VCK



Returns Waybill Generator (U.S. Only)

Generate waybills and schedule pick-ups from the Almac website!

Access the Returns Waybill Generator by clicking on Client Login at www.almacgroup.com. Integration with UPS® provides an easy to use method of returning CTM from clinical sites.

- Enter Investigator Name, Address, Phone Number and E-mail address details
- Select type of service
- Enter the associated Quote and Protocol Name in the format "OS#####/ABC123"
- Select a Reason for Return
- Select Number of Packages

Once the site has entered the required shipping details, clicking Process Shipment will generate a shipping label. The site can then either schedule a pick-up, use the provided link to search for the nearest UPS authorized drop-off location or add the labelled containers to their regularly scheduled UPS pick-up.



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Associated document: SOP-OP-024, Return and Destruction of Marqibo® Ancillary Equipment

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Returns address:

Sites must securely pack and seal supplies into a container clearly labelled with the following information:

1. Receiver address:

For US

Almac Clinical Services

Drug Accountability and Disposal Division

4228 Technology Drive

Durham, NC 27704

Tel: +1 919 479 8850

2. Return from Site No: _____

3. Protocol No: Hana 3VCK

Documentation

The following documentation must accompany the shipment:

- Site Returns Form

Associated document: SOP-OP-024, Return and Destruction of Marqibo® Ancillary Equipment

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SITE'S RETURNS FORM

Step 1 (Returning site)

To: Almac Clinical Services Drug Accountability and Disposal Division	From: Hana Biosciences/Spectrum Pharmaceutical, Inc
Site Address: Tel: Fax: Email:	Site No.:
	Investigators Name:
	Pharmacist or Designee's Name:
	Date Sent:
	Signature:
	Airway Bill Number:

I hereby certify that the below listed material has been returned to Almac for accountability and destruction.

Return CTM			
Product description	Lot Number	Quantity	Comments

Step 2 (Almac Returns Department only)

Please sign the Return Form signifying that the package has been received and scanned or faxed this form to the site contact (above) within 5 business days of the box arriving at Almac.

Almac Return's Name: _____ Date: _____

Acknowledgement of receipt was: Fax Scanned N/A (if the site did not provide the appropriate info)

Step 3 (Returning site)

For site's use only (The site will acknowledge fax confirmation by filling out the information below)				
Receive By:	Print	Signature:	Position	Date

GL0425.03

Global Project Management – GPJ.063

Form Type B

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1.0 REVISION HISTORY

<u>Version</u>	<u>Changes</u>	<u>Reason for Change</u>
1.0	New document	To support new SOP for the return and destruction of Marqibo ancillary equipment.

Associated document:	SOP-OP-024, Return and Destruction of Marqibo® Ancillary Equipment
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