

FORM

Title: **Marqibo Equipment Decontamination Verification and Shipment Preparation**



Doc. No.: FRM-OP-108
Version No.: 1.0
Supersedes No.: N/A

Page: 1 of 2

Owning Department: Pharmaceutical Operations

Medical Institution Name: _____

Address: _____

Phone: _____ Email: _____

Protocol/Study Number (if applicable): _____

1. Spectrum OCNS or Supply Chain has been notified via written notification: Yes No
2. Indicate name of Spectrum employee and date notified: Name: _____ Date: _____
3. Complete the following Equipment Description section for equipment being returned:

Equipment Description: _____

Model Number: _____ Serial Number: _____

Date of Equipment Decontamination: _____

Verified By: _____ Date: _____

Equipment Description: _____

Model Number: _____ Serial Number: _____

Date of Equipment Decontamination: _____

Verified By: _____ Date: _____

Equipment Description: _____

Model Number: _____ Serial Number: _____

Date of Equipment Decontamination: _____

Verified By: _____ Date: _____

4. Place this completed form with equipment shipment. Verify by checking appropriate box: Yes No
5. Verify that **Almac Clinical Services "SITE'S RETURNS FORM"** has been completed and enclosed with equipment being shipped: Yes No
6. Arrange for the shipment of equipment using Spectrum FedEx 3rd party billing account #1346-8946-3. Ship equipment to the following address:

Almac Clinical Services
Drug Accountability and Disposal Division
4228 Technology Drive
Durham, NC 27704
Tel.: 1 (919) 479-8850

Completed by: _____ Date: _____

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

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WITHOUT PRIOR APPROVAL BY QUALITY ASSURANCE**

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Send a copy of completed forms to marqibosupport@sppirx.com

1.0 REVISION HISTORY

<u>Version</u>	<u>Changes</u>	<u>Reason for Change</u>
1.0	New document	To support a 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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