DESPACIO DRUGS INC.

Fax Request to Ship Case Report Forms and Other Study Materials for:

Study No.: **RT-001**

Press the Tab key to move forward between fields; Shift-Tab to move backward.

REQUESTOR INFORMATION - Note: this form must be completed by Requestor.

Shipment Requestor: Request Date: (day month year)

Phone Number:* X

Fax Number:* Ship to Arrive On: (day month year)

*(Please provide the phone and fax number where requestor can be reached at the time this order is faxed.)

SITE INFORMATION - Note: addresses marked "On File" will not be accepted for shipment.

Investigator Name: Site Number:

Study Coordinator Name:

Institution Name:

Address 1:

Address 2:

City: State:

Zip Code: Country: United States

Phone Number: X Fax Number:

SHIPMENT INFORMATION - If requesting "Other", be as specific as possible, inc. page numbers, if applicable.

	Quantity
Screening Packets:	
CRF Binders:	
Other, specify:	
Other, specify:	
Other, specify:	

Ship Via (check one:)

FedEx: ◉ Priority, ○ Standard, ○ 2nd Day Air

UPS: ○ Overnight, ○ 2nd Day Air, ○ Ground

Fax requests for Next Day Air shipments must be received in our office before 12 noon.

COMMENTS

6/03

Please contact Sandy Shipper at (888) 123-4567 to verify inventory.
To place your order, fax this form to: (888) 123-4568

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