



Project RFP Checklist

PROJECT INFORMATION

- 1. Protocol or Protocol Summary available? [] Yes [] No
5. Therapeutic Area: _____
2. Estimated date to have drug ready for distribution? _____
3. Trial Type: [] Pre-Clinical [] Phase I [] Phase II [] Phase III [] Phase IV [] BE
4. Trial Design: [] Open-Label [] Double-Blind [] Double-Blind With Placebo Run-In Period [] Cross-Over [] Other: _____
4. Number Of Arms/Groups: _____
5. Drug Assignment: [] Numerical Sequence [] IVRS/IWRS [] Other: _____
6. Drug Classification: [] Non-Controlled Substance [] CII [] CIII [] CIV [] CV
5. Is Drug Considered Flammable Or Contains Alcohol? [] Yes [] No
6. Drug Container: [] Tube [] Bottle [] Vial [] Syringe [] Canister [] Other: _____
7. Drug Storage: [] Ambient [] Refrigerated [] Frozen (-20°C) [] Other: _____
8. Quantity of Containers Per Patient/Subject To Completed Treatment? _____
9. Duration of Treatment? _____ [] Days [] Weeks [] Months [] Other: _____
10. Enrollment: Number of Patients To be Enrolled? _____
11. Number of Sites: _____ Country: _____
_____ Country: _____
_____ Country: _____
_____ Country: _____
_____ Country: _____
10. Include Comparator Drug Sourcing? [] Yes [] No If Yes, [] Single-Lot Mandatory [] Preferred
11. Number Of Shipments Per Site To Assume In Budget: _____
12. Drug Shipping Temperature: [] Ambient [] Refrigerated [] Frozen (-20°C) [] Other: _____
13. Include Using Certified Shipping Containers? [] Yes [] No
14. Include Using Temperature Recording Devices For Each Shipment? [] Yes [] No

15. Include Return Drug Accountability/Destruction Services: Yes No If Yes, then:

- Receive And Hold At TCG (No Accountability)
- 100% Accountability (by count) At TCG
- 100% Accountability (by count) At TCG and Enter Data Into Database
- 100% Accountability (by weight) At TCG and Enter Data Into Database
- Final Destruction After Client Authorization
- Return To Client After Client Authorization

Please complete and return to info@tcgsupplies.com . For questions, please call 512-303-1265.