Pharmacy manual: instructions for handling Investigational Medicinal Products (IMPs)

'PERi-operative Selective Decontamination of the Digestive tract to prevent severe infectious complications after Esophagectomy: a Randomized multicenter clinical trial in patients with primary resectable esophageal carcinoma (cT1-4, N0-3, M0)'

Sponsor: Radboud university medical center, the Netherlands

Eu trial number: 2023-504144-33

Products: 1) "Basis for SDD suspension" containing 16 mg/ml Tobramycin (as sulfate) and 20mg/ml Colistin sulfate
2) Amphotericin B 100mg/ml

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Revised version: 11.03.2025 – Version 2.1

Contact: persuader.heel@radboudumc.nl

Table of contents

{ TOC \o "1-3" \h \z \u **}**

List of abbreviations and relevant definitions

IMPs	Investigational Medicinal Products
GI	Gastrointestinal
SDD	Selective Decontamination of the Digestive tract
ICU	Intensive Care Unit
SmPC	SuMmary of Product Characteristics
IMPD	Investigational Medicinal Product Dossier
QP	Qualified Person
SIV	Site Initiation Visit
SOP	Standard Operating Procedure
EXP	EXPiry date
CTU	Clinicial Trials unit

Contact details of sponsor

Coordinating investigator Netherlands:

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3000 Leuven
Belgium

PERSuaDER@uzleuven.be
+32 16 345857

Manufacturer:

Apotheek Spaarne Gasthuis
Boerhaavelaan 24
2035 RC Haarlem
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Distribution:

Farmaceutisch Distributie Centrum - Radboud university medical center

Geert Grooteplein zuid 34 – route 896
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+31243617613

Principal investigator Radboud university medical center:

B. R. Klarenbeek, MD, PhD, Department of Surgery

Principal investigator University Hospitals Leuven:

H. van Veer, MD, Department of Thoracic Surgery

General Information

Scope
This Pharmacy Manual outlines the practical details regarding the appearance, ordering, receipt, storage, handling, accountability and destruction of IMPs in the PERSuaDER-trial.

Trial synopsis

Rationale: Esophagectomy is a complex surgical procedure, associated with significant morbidity and mortality rates. Most postoperative complications are caused by infections (10 – 30%). These are thought to arise from (micro-) aspiration of bacteria residing in the oropharyngeal and gastrointestinal (GI) tract, leading to (respiratory) infections. Selective decontamination of the digestive tract (SDD) is a prophylactic antibiotic strategy that aims to prevent postoperative infections. Pathogenic aerobic gram-negative rods and yeasts tract are reduced, while anaerobic, protective microbiota are preserved. SDD has been shown to lower the risk for respiratory infections in an intensive care setting. Establishing SDD as addition to the standard care of esophagectomy patients is expected to increase their chance of survival.

Objective: Robust and prospective evaluation of SDD after esophagectomy as a protective strategy reducing postoperative pneumonia and other infectious complications, anastomotic leakage and mortality.

Study design and population: A randomized, controlled, open-label, multicenter trial, including 854 patients with primary resectable esophageal carcinoma ((y)cT1-4a N0-3 M0) planned for transthoracic esophagectomy.

Intervention: The intervention group receives SDD treatment additional to standard care, comprising two distinct liquids for oral administration: first the 5 ml amphotericin B suspension (100 mg/ml) and subsequently the 5 ml "SDD basis for suspension", containing both colistin sulphate (20 mg/ml) and tobramycin sulphate (16 mg/ml). Patients take the 5 ml amphotericin B, followed by the 5 ml "SDD basis for suspension", four times daily for one week, starting three days prior to the surgery. On the day of surgery, intake is limited to an early morning and a late evening dose. All other aspects of care are equal to the control group (standard care without SDD). All participants will be asked to keep a diary during the week around the surgery.

Main study parameters/endpoints: The cumulative incidence of postoperative pneumonia within 30 days after surgery.

Nature and extent of the burden and risks associated with participation, benefit and group relatedness: Patients undergoing standard care do not experience any added risks due to participating in this study. The intraoperative esophageal sample which will be taken from all subjects to determine the microbial effect of SDD will be taken ex vivo from the surgical specimen and consequently provides no additional risk for the patient. Potential benefits of the SDD treatment are a lower incidence of infectious complications, such as pneumonia, and as a result shorter hospitalization and ICU stays, less re-operations, less readmissions and lower mortality. SDD can cause (mild) side effects such as vomiting/nausea, diarrhea, bloating, abdominal pain and loss of appetite.

Randomization

As an open label study, allocation of the intervention will not be blinded. Adhering to the pragmatic trial setup, patients of the control group will not receive any placebo treatment. Randomization does not occur in the pharmacy. The pharmacy is only notified if a patient is assigned to the intervention group.

A prescription for one patient includes two deliveries of study medication;

1. the first delivery contains two patients kits. For the use prior to surgery (3 days 4dd 5ml of both, and on the day of surgery, in the early morning one dosis 5ml of both flacons.
2. the second delivery contains two patient kits of the study medication for administration during the postoperative period.

Study Drug / Description of the IMPs

Description

The IMPs subject of this study are:

1) Amphotericin B (Brand name: Fungizone)
2) Basis for SDD suspension

1) Amphotericin B (Fungizone)

Brand name:	Fungizone
Route of administration:	Oral
Pharmaceutical formulation:	Suspension for oral use
Strength:	100 mg/ml
Quantity per package:	1 bottle containing 40ml
Description:	Orange suspension for oral use
Package description:	Cardboard box, containing: Brown, Type III glass vial containing 40 ml of suspension (100 mg/ml) fitted with aluminum cap with polyethylene coating. Polyethylene/polystyrene pipette of 1 ml.

For additional product information regarding the Fungizone, we refer to the respective Summary of Product Characteristics (SmPC).

2) Basis for SDD suspension

Brand name:	-
Route of administration:	Oral
Pharmaceutical formulation:	Solution for oral use
Strength:	20mg/ml colistin sulfate and 16mg/ml tobramycin (as sulfate)
Quantity per package:	1 bottle containing 40ml
Description:	Colorless to pale yellow solution
Package description:	The primary packaging consists of a 100 ml glass (type III) medication vial and a dose-pack cap.
Manufacturer:	Apotheek Spaarne Gasthuis Boerhaavelaan 24, 2035 RC Haarlem, The Netherlands

For additional product information regarding the basis for SDD suspension, we refer to the respective IMPD.

Packaging

The study drug will be provided in white boxes (patient kits). The first two kits contains the medication that the patient takes prior to surgery. Which contains enough for the required dosages prior to - surgery. Two patients kits are needed for the postoperative period.

Each patient kit includes:
- One bottle of Amphotericin B (Fungizone)
- One bottle of Basis for SDD suspension

- One 5mL syringe
- One vial adapter

Two patient kits

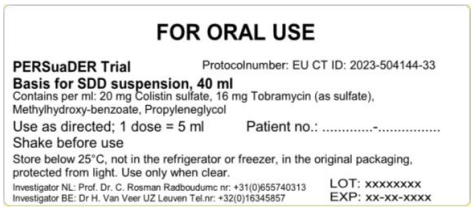
1 patient kit opened

content of 1 patient kit

(excluding vial adapter)

Labeling

The products are labelled with a multi-language flag label to be used in both countries (Netherlands and Belgium) participating in the study.
On the dispensing label, patients name has to be added according to local practice and needs to be provided by the site personnel before dispensing. The subject number has to be included in either the patients label or the package label.



PERSuaDER Trial

Protocolnumber: EU CT ID: 2023-504144-33

Use medication solely for PERSuaDER Trial
Content:
- 1 vial of 40 ml Amphotericin B suspension 100 mg/ml
- 1 vial of 40 ml Basis for SDD suspension
  containing: 20 mg/ml Colistin sulfate and 16 mg/ml Tobramycin (as sulfate)
- Patient Instruction

For oral use.
Store below 25°C, not in the refrigerator or freezer.
Keep out of reach of children.

Read the provided Patient Instruction carefully before use.

Patient no: .....-.....

Sponsor/investigator NL: Radboudumc - Prof. Dr. C. Rosman
Geert Grooteplein Zuid 10, 6525 GA Nijmegen Tel.nr.: +31(0)6-55740313
Investigator BE: UZ Leuven - Dr. H. Van Veer
Herestraat 49, 3000 Leuven Tel.nr.: 32(0)16345857

ASG

LOT: xxxxxxx
EXP: xx-xx-xxxx

PERSuaDER Trial

Protocolnummer: EU CT ID: 2023-504144-33

Deze medicatie is uitsluitend voor gebruik in de PERSuaDER Trial
Inhoud:
- 1 flacon met 40 ml Amfotericine B suspensie 100 mg/ml
- 1 flacon met 40 ml Basis voor SDD suspensie;
  bevat 20 mg/ml Colistine sulfaat en 16 mg/ml Tobramycine (als sulfaat)
- Patiënten Instructie

Voor oraal gebruik.
Bewaren beneden de 25°C niet in de koelkast of vriezer.
Buiten bereik van kinderen bewaren.

Lees voor gebruik de Patiënten Instructie goed door.

Patiënt nr.: .....-.....

Sponsor/onderzoeker NL: Radboudumc - Prof. Dr. C. Rosman
Geert Grooteplein Zuid 10, 6525 GA Nijmegen Tel.nr.: +31(0)6-55740313
Onderzoeker BE: UZ Leuven - Dr. H. Van Veer
Herestraat 49, 3000 Leuven Tel.nr.: 32(0)16345857

ASG

LOT: xxxxxxx
EXP: xx-xx-xxxx

PERSuaDER Trial

Protocole No: EU CT ID: 2023-504144-33

À utiliser uniquement dans le PERSuaDER Trial
Contenu:
- 1 flacon de 40 ml Amphotéricine B suspension 100 mg/ml
- 1 flacon de 40 ml Base pour SDD suspension; contient 20 mg/ml Colistine sulfate et 16 mg/ml Tobramycine (comme sulfate)
- Instructions aux Patients

Pour usage oral.
Conserver en dessous de 25°C.
Ne pas conserver au réfrigérateur, ni au congélateur.
Garder hors de portée des enfants.

Lire attentivement les Instructions pour le Patient avant utilisation.

Sujet no.: .....-.....

Sponsor/Investigateur NL: Radboudumc - Prof. Dr. C. Rosman
Geert Grooteplein Zuid 10, 6525 GA Nijmegen Tél.nr.: +31(0)6-55740313
Investigateur BE: UZ Leuven - Dr. H. Van Veer
Herestraat 49, 3000 Leuven Tél.nr.: 32(0)16345857

ASG

LOT: xxxxxxx
EXP: xx-xx-xxxx

PERSuaDER Trial

Protocolnummer: EU CT ID: 2023-504144-33

Nur zur verwendung in der PERSuaDER Trial
Inhalt:
- 1 Flasche mit 40 ml Amphotericin B Suspension 100 mg/ml
- 1 Flasche mit 40 ml Basis für SDD Suspension
  enthält: 20 mg/ml Colistin Sulfat und 16 mg/ml Tobramycin (als Sulfat)
- Gebrauchsanweisung für Patienten

Zum einnehmen. Bei Temperaturen unter 25°C lagern. Nicht im Kühlschrank oder Gefrierschrank aufbewahren.
Außerhalb der Reichweite von Kindern aufbewahren.

Gebrauchsanweisung für Patienten vor der Anwendung sorgfältig durchlesen.

Patientennr: .....-.....

Sponsor/Prüfarzt NL: Radboudumc - Prof. Dr. C. Rosman
Geert Grooteplein Zuid 10, 6525 GA Nijmegen Tel.nr.: +31(0)6-55740313
Prüfarzt BE: UZ Leuven - Dr. H. Van Veer
Herestraat 49, 3000 Leuven Tel.nr.: 32(0)16345857

ASG

LOT: xxxxxxx
EXP: xx-xx-xxxx

FOR ORAL USE

PERSuaDER Trial Protocolnumber: EU CT ID: 2023-504144-33
Amphotericin B (Fungizone®) suspension, 40 ml
Contains per ml: 100 mg Amphotericin B

Use as directed; 1 dose = 5 ml
Shake before use

Patient no.: .....-.....

Store below 25°C not in the refrigerator or freezer in the original packaging, protected from light.

Investigator NL: Prof. Dr. C. Rosman Radboudumc Tel.nr: +31(0)655740313
Investigator BE: Dr. H. Van Veer UZ Leuven Tel.nr: +32(0)16345857

LOT: YYVXXXXX
EXP: MM - YYYY

ZUM EINNEHMEN

PERSuaDER Trial Protocolnummer: EU CT ID: 2023-504144-33
Amphotericin B (Fungizone®) Suspension, 40 ml
Enthält pro ml: 100 mg Amphotericin B

Benutze nach Anweisung; 1 Dosis = 5 ml
Vor Gebrauch schütteln

Patientennr: .....-.....

In der Originalverpackung lichtgeschützt bei Temperaturen unter 25°C lagern, nicht im Kühlschrank oder Gefrierschrank.

Prüfarzt NL: Prof. Dr. C. Rosman Radboudumc Tel.nr: +31(0)655740313
Prüfarzt BE: Dr. H. Van Veer UZ Leuven Tel.nr: +32(0)16345857

LOT: YYVXXXXX
EXP: MM - YYYY

VOOR ORAAL GEBRUIK

PERSuaDER Trial Protocolnummer: EU CT ID: 2023-504144-33
Amfotericine B (Fungizone®) suspensie, 40 ml
Bevat per ml: 100 mg Amfotericine B

Gebruik volgens voorschrift; 1 dosis = 5 ml
Omschudden voor gebruik

Patiënt nr.: .....

Bewaren in de originele verpakking ter bescherming tegen licht, beneden de 25°C niet in de koelkast of vriezer.

Onderzoeker NL: Prof. Dr. C. Rosman Radboudumc Tel.nr: +31(0)655740313
Onderzoeker BE: Dr. H. Van Veer UZ Leuven Tel.nr: +32(0)16345857

LOT: YYVXXXXX
EXP: MM - YYYY

POUR USAGE ORAL

PERSuaDER Trial Protocole no: EU CT ID: 2023-504144-33
Amphotéricine B (Fungizone®) suspension, 40 ml
Contient par ml: 100 mg Amphotéricine B

Utiliser comme indiqué; 1 dose = 5 ml
Agiter avant utilisation

Sujet no.: .....-.....

Conserver dans l'emballage d'origine pour protéger de la lumière, en dessous de 25°C. Ne pas conserver au réfrigérateur ni au congélateur.

Investigateur NL: Prof. Dr. C. Rosman Radboudumc Tél.nr: +31(0)655740313
Investigateur BE: Dr. H. Van Veer UZ Leuven Tél.nr: +32(0)16345857

LOT: YYVXXXXX
EXP: MM - YYYY

ORDER AND RECEIPT

Central pharmacy

Study sites will be centrally supplied with IMPs by the clinical trials unit of the Radboudumc Nijmegen, the Netherlands. This applies to all participating sites in both countries. For contact details, see section 1 of this document.

Documentation

Each shipment will include a packing list (Appendix 4) and the QP release document.

Initial supply and resupply

Upon site activation following a fully completed Site Initiation Visit (SIV), the site needs to be provided with the first supply of IMPS. The initial shipment of the study medication as well as the resupply to the site pharmacy will be arranged by the clinical trials unit of the Radboudumc, Nijmegen, the Netherlands.
It is the responsibility of the local investigator or a delegated study member to request an initial IMPs supply from the Clinical trials unit from the Radboudumc, once they have been authorized to do so by the Sponsor (or delegated).
It is the responsibility of the sponsor to provide the clinical trials unit of the Radboudumc all documentation of authorization of the trial and completion of initiation of the local sites.

To place an initial supply order:
1. Complete the Supply Request Form (appendix 3 of this document)
2. Send the completed Supply Request Form to the clinical trials unit of the Radboudumc by e-mail
    - Please mention 'PERSuaDER Supply Request' followed by the name of the hospital in the subject line.
    - Add the completed Supply Request Format as an attachment.
    - Address the e-mail to: {persuader.heel@radboudumc.nl"} {HYPERLINK "mailto:"}

All participating centers will be provided with enough kits to include multiple patients, the exact number depends on the expected inclusions.

Resupply

Following the initial supply, an IMPs resupply order for the next batch has to be made if stock is lower than the center specific pre-agreed minimum number of patients kits (depending on the planned/expected inclusions for the specific center). In the Netherlands, each patient needs two patient kits at home, and two patient kits for in hospital use.
The site investigator is responsible for placing the IMPs resupply order (to keep site stock sufficient for the inclusion of patients), but may delegate this task.

To place a resupply order:
1. Complete the Supply Request Form(appendix 3 of this document)
2. Send the completed Supply Request Form to the Clinical trials unit of the Radboudumc by e-mail
    - Please mention 'PERSuaDER Supply Request' followed by the name of the hospital in the subject line
    - Add the completed Supply Request Format as an attachment
    - Address the e-mail to: {HYPERLINK "mailto:persuader.heel@radboudumc.nl"}

Upon receipt at the clinical trials unit, the Supply Request Form will be processed within 2-3 working days. The shipment time will take on average two working days and will only take place on working days during working hours.

Upon arrival of the IMPs at the site, site personnel need to check the packaging for damage and verify proper identity, quantity and integrity of seals, by completing, signing and returning the enclosed "Geleidebiljet Klinisch Geneesmiddel Onderzoek medicatie" (Appendix 4)

Damage
In case of damaged packaging upon receipt, the site staff should not use affected study drug and should immediately report directly to the Clinical trials unit (mail the completed geleidebiljet (appendix 4) to: trial-assist.apo@radboudumc.nl), CC to the study team persuader.heel@radboudumc.nl).

Until a decision is made by the Clinical trials unit, the affected study drug should be stored in quarantine (see section "quarantine" below. of this document). The results for temperature monitoring during transit will be reviewed by the Central Pharmacy.

Temperature excursion
Transport and storage of medication needs to be below 25 degrees Celsius and not in the refrigerator or freezer. The temperature during transport is sent by Brocacef or Worldcouriers to the Clinical Trials Unit of the Radboudumc. The Clinical Trials Unit will send the temperature log to the receiving hospital pharmacy. In case of a temperature excursion during transport, the Clinical Trials Unit of the Radboudumc will contact the local investigator and the research coordinator within 24 hours. The research coordinator gives instructions on how to resupply the IMPs.
In case of a temperature excursion during storage in the hospital, the local investigator will contact the research coordinator by phone within 24 hours and immediately place the medication in quarantine. Members of the research team give instructions on how to resupply the IMPs.

Quarantine

It is the responsibility of the site investigator, or delegated pharmacist, to ensure that there is a quarantine procedure in place at site, in accordance with directions described in this manual. The site quarantine procedures will be assessed and approved during the Site Initiation Visit (SIV).

IMPs that should be stored in quarantine includes:
- IMPs that is considered affected upon receipt,
- IMPs that is considered affected by deviations in storage conditions,
- IMPs that is returned by the patient after dispensing, including empty vials,
- IMPs that has expired.

A segregated area should be in place for quarantined stock. IMPs stock that is quarantined is considered quarantined stock and should be kept here pending a decision. The decision on whether to release this quarantined stock (or not) is communicated by the research coordinator. The site quarantine procedures should also include adequate recording of the reason for quarantining and the quantity of the quarantined stock (drug accountability). After the yearly monitor visit and approval, quarantined stock returned by the patient and accounted for can be destroyed on the decision of the monitor.

Prescribing /delivery

The site investigator is responsible for ensuring appropriate prescribing of the study drug for patients on the trial.
After randomisation, (and if allocated to the intervention group), study medication is prescribed.
Dosing schedule is as follows:
- 4 times daily during the three days prior to surgery,
- on the day of surgery 2 doses (before and after surgery),

- and again 4 times daily during the three days post operative.

Sites are expected to use local prescription forms or electronic prescribing according to local practice. Prescriptions must be signed by the Principal Investigator (PI) or an appropriate staff member.

For Dutch sites
The two patient kit for home use (prior to surgery) can be provided during a visit to the pharmacy or the outpatient department of the participating center. Depending on the preference of the local pharmacy and guidelines. Per exception, the two patient kits for home use can be sent by the pharmacy of the participating center to the patient's home address. In the latter case, the local pharmacy should contact the patient to plan a delivery. This shipment of medication must adhere to the local protocol for sending medication to patients. Sending study medication is expensive (since it must be temperature-controlled), this must be paid for from the reimbursement the participating centers receive for participation/inclusion of patients.

The two patient kits, which are for in-hospital postoperative use, should be delivered to the ward to which the patient is expected to be transferred after surgery (intensive, intermediate or post-anesthesia care unit).

For Belgian sites
Belgian hospitals are not allowed to send IMPs to the home address of patients. Patients should therefore collect their patient kits for home use from the hospital (e.g. at outpatient visit). There are no differences regarding the second patient kits (for use after surgery).

Patients are asked to bring the vials, whether empty, partially empty or not used at all, back to the hospital at the time of admission, this should be mentioned at the moment of providing the study medication to the study participant.

Dispensing

Within the hospital, appropriate dispensing of the investigational product is the responsibility of the nursing staff and should be recorded on the delegation record. Before dispensing, complete the information on the flag label with patient information and study subject number, see ”Labelling” chapter.

ACCOUNTABILITY AND DESTRUCTION

Accountability

Study drug accountability at the participating sites will be performed by the local pharmacy and will be randomly checked by the monitor.
Study drug accountability should be performed using the Study Specific Accountability Log (Appendix 1), provided that a full and accurate accountability of dispensed study drug is achieved.

Drug accountability can be performed as follows. Based on the weights listed below, the remaining milliliters in a returned vial can be determined by weighing the returned vials.

“Base for SDD suspension”	
Empty vial **including** cap	80.693 gram
Specific gravity	1.0167 gram/ml
“Fungizone”	
Empty vial, **excluding** the cap and vial adapter	49.675 gram
Empty vial, **excluding** the cap, **including** vial adapter	51.037 gram
Empty vial, **including** the cap, **including** vial adapter	52.425 gram
Specific gravity	1.05-1.09 gram/ml

Patient return

All IMPs kits, used and unused vials need to be returned to the local pharmacy or study team, (by direct delivery to the local pharmacy, or by handing over to the nursing staff at admission). The number of vials (whether not used, complete- or partially empty) returned should be documented on the Accountability Log by delegated site personnel. Study drug that has been returned from the patient shall be clearly identified and stored in a locked, segregated area with restricted access, separate from the study drug until drug accountability has been performed and a part is randomly checked by the monitor during a visit. It is desired that the monitor notifies the local pharmacy well in advance when a visit to the pharmacy is scheduled, so that the local pharmacy staff has sufficient time to conduct the study drug accountability.

Expired study drug

By monitoring the inclusion rate, the research coordinator/sponsor will maintain a general understanding of the amount of IMPs still in stock at a participating center. The research coordinator/sponsor may decide to have a portion of the local IMPs stock sent to another participating center to prevent the expiration of the product before its shelf life.

If it is established that study drug has expired, it should be stored in a locked, segregated area with restricted access, separate from the study drug until the monitor has performed drug accountability. Following the monitor's visit, the expired study drug can be destructed according to "Destruction" section, see below. of this document. Study drug can also be destroyed shortly before expiration after approval of the Sponsor and according to destruction section of this document. The number of mL destructed due to expiration should be documented on the Accountability Log by delegated site personnel. The site's stock can be replenished by following the instruction resupply section of this document.

Destruction

The local investigator or its designated pharmacist is responsible for the destruction of the IMPs. Unused study drug can be destroyed after approval of the Sponsor.
Local destruction limits the carbon footprint and prevents unnecessary (transportation) costs. The destruction of unused study drug needs to follow a documented destruction process, covering local regulatory and safety requirements. This will be reviewed and approved during the Site Initiation Visit (SIV) if destruction will be done locally. Confirmation of a completed drug accountability by the monitor is required before destruction can be performed.

For local destruction of study drug, the following procedures need to be performed:

- IMPs should not be destroyed without prior written authorization from the Sponsor.
- IMPs should not be destroyed before quantities of IMPs are recorded, accounted for and reconciled. Before destruction, all accountability logs relating to the IMPs being destroyed must be updated accordingly.
- For each destruction, a Drug Destruction Certificate (see Appendix 2) needs to be completed or a form used within local SOP. All before mentioned procedures are captured via this form.
- The Drug Destruction Certificate must be signed and dated by the person arranging the IMPs destruction, and witnessed and checked by a second member of the team. (A copy of) this form needs to be stored in the (pharmacy) site file.

Appendix 1. Drug accountability log

Formulier

DRUG ACCOUNTABILITY LOG

trial medicatie AKF3064

Radboud

Met opmerkingen [JG1]: Een los Word bestand van het drug accountability log is te vinden op de website 'Drug accountability log Word'.

Naam trial: PERSuaDER / 2023-504144-33 **Naam art.: AKF3064** P.I. : Rosman, Prof. Dr. C.

TRIAL AKF3064 SDD Suspensie (per studie subject nummer 2x2 patient verpakkingen. welke ieder 1 flesje SDD basis voor suspensie en 1 flesje Amfotericine B suspensie bevatten)
NB. 1 vel per charge gebruiken

Charge:…….. Exp. date…….. Art.nr.: Vindplaatscode:

Datum: Ontvangst /	Aantal		Disp Datum	Castor nummer	Balans	Prf	Retour ml of gram	Fles 1 Amfotericine B	Fles 2 Amfotericine B	Fles 3 Basis voor SDD	Fles 4 Basis voor SDD

Met opmerkingen [JG2]: Indien het de vloeistof **opgetrokken** wordt voor de drug accountability het aantal ml onder 'Fles 1' , 'Fles 2' etc., noteren.

Indien drugaccountability middels het **wegen** van de flacons wordt uitgevoerd. Dan het gewicht noteren, let daarbij op of de flacons met/zonder dop en/of tussenstukje (amfo) gewogen worden. Noteer dit in de kolom : 'Fles 1' , 'Fles 2' etc.

Met opmerkingen [JG3]: 1 rij gebruiken voor de thuismedicatie van de patient én 1 rij gebruiken voor de 'in hospital medicatie'

Appendix 2. Drug destruction certificate

Formulier
025582

Drug destruction certificate

Radboudumc

Name Drug:

Protocol number: 2023-504144-33

Number of products:

Med/randnrs:

Batch / lot numbers:

Exp:

Reason of destruction:

Date of destruction[1]: ……

These materials have been destroyed according to the hospital's and legal requirements.

Date[1]: ……

Pharmacy-technician:

Signature[1]: ……

Witnessed by:

Signature[1]: ……

[1] Na afdrukken formulier: handtekening en datum invullen.

Appendix 3. Supply Request Form

Radboudumc Apotheek CTU Nijmegen

Radboudumc

Clinical Drug Order Request Form

Name study: PERSuaDER	

Quantity	Name Trial Medication	Strength	Delivery Unit	Content
	Delivery within two working days. *1 kit = 2 patiënt verpakkingen (één patiënt in de interventie groep heeft 2 kits nodig voor de behandeling, waarvan 1 voor thuis en 1 voor in het ziekenhuis)	☐		

☐ **Applicant (aanvrager)** ☒ **Supplier (leverancier)**	☒ **Applicant (aanvrager)** **Supplier (leverancier)**
Radboudumc, Route 896. Attn. Clinical Trials Unit AKF3064 Geert Grooteplein Zuid 34 6525 GA Nijmegen The Netherlands	
Contact details: Tel: +31 (0) 24 3617613 E-mail:	

Requested by

Date:	
Name and function:	
Signature:	

Date needed at site:	

Send this form to:

E-mail:	Persuader.heel@radboudumc.nl

Versienummer 3

Appendix 4: Geleidebiljet Klinisch Geneesmiddel Onderzoek medicatie

S.v.p. invullen en getekend retourneren naar: {HYPERLINK "mailto:trial-assist.apo@radboudumc.nl"}

Form	Packing List PERSuaDER (AKF3064)	Radboudumc

From:	To:
Radboudumc **Pharmacy, Clinical Trials Unit,** Farmaceutisch Distributie Centrum (FDC) – Route 896 Geert Grooteplein Zuid 34 6525 GA Nijmegen The Netherlands	
Shipment performed by: World Courier	

Pharmaceutical Product(s)

PERSuaDer trial / SDD Suspension (1 vial SDD basis for SDD suspension and 1 vial Amfotericine B suspension 100mg/ml**)**

Storage condition: +15˚ C - + 25˚ C

Quantity:	Charge/ Lot:	Exp. date:

Documents enclosed: IMP (Batch certification)

Study title (short) : PERSuaDER / 2023-504144-33

Supplier: Radboudumc	
Reason for shipping: on request of participating center	
Delivered by: Name: ..... Signature: ..... Checked by: ..... Date:	Received by:: Name ..... Signature: ..... Received date: .....