

Annex 9

**Transfer and take-over protocol for the delivery of clinical trial products**

Today, the University Pharmacy has handed over to .....  
(Name of trial site, Name of the Principal Investigator) the  
..... (protocol number), trial delivery as detailed below.

Serial number of the trial product	Production number	Expiry date (Month/Year)

Quantity of test article arriving with the consignment:	
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The consignment was delivered intact, complete, and without temperature deviation.

(Storage conditions during transport are the responsibility of the supplier.)

Supplier: University Pharmacy / Trial site		
Start (hours:minutes)	Minimum temperature	Maximum temperature
Stop (hours:minutes)	Minimum temperature	Maximum temperature

Date:

	For transfer:	Receiver:
Name:		
Signature:		

The completed report must be sent electronically in PDF format to [klinikaikutatas@semmelweis-univ.hu](mailto:klinikaikutatas@semmelweis-univ.hu).