

## Bristol-Myers Squibb

### Temperature Excursion Response Form for Investigational Medicinal Products

**Section A. To be completed by the site at the time of Site Storage Temperature Excursion:**

Protocol Number:		Site Number/Investigator Name/Country:	
Description of Drug Products involved in Excursion:			
Batch number (s) printed on label:		Container numbers:	
Description of Excursion (temperature highs/lowes and duration):			
Below label storage lower limit .....°C		Duration:.....	Low extreme t°: .....°C
Above label storage upper limit ..... °C		Duration:.....	High extreme t°: .....°C
Reason for excursion:			
Has the issue been resolved?			
Have these specific containers been involved in a previous excursion?      NO <input type="checkbox"/> YES <input type="checkbox"/>			
If yes, please provide:			
Batch number (s):	Container numbers:	Temperature highs/lowes and duration	
When is the next planned patient visit when these supplies may be dispensed?			
Excursion information submitted by: _____ Date: _____			
<i>Print/Signature/Title of site staff</i>			

**Section B. Usage Decision to be made by Bristol-Myers Squibb:**

<p>Temperature excursion details for the products listed above have been evaluated. Usage decision is based on the temperature data that were made available by the investigational site.</p> <p><b><u>Conclusion (and comments):</u></b></p> <p><input type="checkbox"/> <b>All</b> products are suitable for continued use</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <b>All</b> products are <b><u>NOT</u></b> suitable for further dispensation. Please remove supplies from available inventory and work with your Site Manager/Site Monitor to have supplies destroyed and IVRS updated if applicable.</p> <p>_____</p> <p>_____</p> <p>Assessment completed by: _____ Date _____</p> <p style="text-align: center;"><i>Print/Signature/Title</i></p>	
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