

Clinical Trial Imaging Site Information for receipt of [¹⁸F]MK-6240

| Clinical Investigative Site Information | |
|---|------|
| Clinical Site PI Name: | |
| Clinical Site Number: | |
| Clinical Trial Name/Identifier: | |
| Main Contact: | |
| Name: | |
| Title: | |
| Phone: | Fax: |
| Email Address: | |

| PET Imaging Facility Information | |
|----------------------------------|------|
| Imaging Facility Name: | |
| Main Contact: | |
| Name: | |
| Title: | |
| Phone: | Fax: |
| Email Address: | |

| Imaging Center Address: | |
|---|--------|
| Attn: | |
| Street Address | |
| City, State ZIP | |
| RAM License #: **Copy of RAM license must be on file prior to delivery of first dose.** | |
| Contact info of individual responsible for dose ordering: | |
| Name: | Title: |
| Email Address: | |
| Special Shipping Instructions: | |

DELIVERY LOCATION INFORMATION

| | |
|---|---|
| DELIVERY LOCATION NAME (if different from imaging center name): | |
| Delivery Address Information | General Delivery Information |
| <i>Attention Name and Title</i> | <i>Shipping/Delivery Notes/cell phone # for delivery issues</i> |
| <i>Address</i> | |
| Hours of Access | Additional Delivery Information |
| <i>Opening Time (Time customer is open for business)</i> | <i>Parking Location for deliveries</i> |
| <i>Early Drop Off Time (Desired drop-off interval before injection)</i> | <i>Additional Location Information (Location of Mobile Coach, etc.)</i> |
| <i>Service Time (Elapsed time needed to service a client from parking to delivery of cases)</i> | <i>Security Requirements (Parking pass required, ID required, etc.)</i> |