

TEMPERATURE EXCURSION NOTIFICATION



Please complete this form with as much information as practical and send it to your regional Temperature Excursion review team by email using [your](#) regional [Submit Form button](#) below, [also](#) Attach temperature logger outputs and shipment records. For [Clinical Trials](#), please also send notification to your Clinical Program Manager(s).

DATE OF REPORTED INCIDENT:

Customer details

Site name:	Contact name:
Country:	Contact Role:
Product receipt time:	Contact phone: (+)
Data logger stop time:	Contact email:
	Shipment # / Air bill: (if available)

Product Information

Product:

Description: ☐ Intermediate, ☐ API,
☐ IMP, ☐ Compassionate Use, ☐ Commercial Product

Batch #: *Target Dosing Date/Time:

Storage Temperature: °C Expiry Date/Time:

Quantity impacted (Number of dose/box/kit impacted):

For Clinical Trials

Protocol #:

Site Number:

Patient Number:

Clinical Trial: ☐ IIT: ☐

* For MP / Compassionate Use / IMP supply target dose date and estimated time as far as practical

Comments

Example: notable/unexpected condition of packaging on receipt

***** Attach this form supporting temperature logger outputs, shipment records and any images to email**

For Asia Pacific (APAC): apac_tempexcursions@telixpharma.com
For Europe (EMEA): emea_tempexcursions@telixpharma.com
For Americas: amer_tempexcursions@telixpharma.com

SUBMIT FORM
Asia Pacific (APAC)

SUBMIT FORM
Europe (EMEA)

SUBMIT FORM
Americas

To be completed by Telix

Confirmed Storage Temperature: °C	Stability Data Reference:
Period(s) out of range	Excursion High: ☐ Low: ☐
Event Reference #:	Frozen: ☐ Combination: ☐
EMEA Complaint Ref#: or ☐ N/A	Min Temp: °C, Max Temp: °C, MKT: °C (for information only)
	Process step: Select

DISPOSITION:

Dosing Approved: ☐ Rejected: ☐

Comments:

REVIEWER:

Date/Time Disposition communicated:

Document: FRM-0621 / Rev: 00



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