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| **Study Name / No.** | Click here to enter text. | | | **R&D No** | Click here to enter text. |
| **Principal investigator:** | Click here to enter text. | **Sponsor:** | Click here to enter text. | **Site name/number:** | Click here to enter text. |
| **Name of product and form (single product only):** | Click here to enter text. | **Quantity per original pack** | Click here to enter text. | **Storage conditions/location** | Click here to enter text. |

**Patient Initials:** \_\_\_ / \_\_\_ / \_\_\_ **Patient ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DISPENSING**  Enter ONE container per row and use the same row to show container/ units have been dispensed and returned. | | | | | | | **RETURN FROM PATIENT** | | | **VERIFIED BY CRA** | |
| **Date**  *(DD-MMM-YYYY)* | **Visit** | **Container # or**  **Quantity**  (if applicable) | **Batch/ Lot**  **#**  (if applicable) | **Expiry**  *(DD-MMM-YYYY)*  (if applicable) | **Dispensed by** | **Check by** | **Date**  *(DD-MMM-YYYY)* | **Quantity unused**  (if applicable) | **Counted By Initials** | **Date**  *(DD-MMM-YYYY)* | **Initials** |
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**Investigator/Pharmacist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_ of \_\_\_**