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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. |

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| **IMP received** | | | | | **IMP Dispensed / Returned** | | | | | | | **Returns to Sponsor/destruction** | | |
| **Date received a**nd delivery no. | **Batch / Lot number** | **Individual Pack Number or quantity received** | **Expiry date** | **Received by** | **Date** | **Subject number** | **Quantity dispensed (Tablets / Box )** | **Quantity remaining (if applicable)** | **Disp/**  **check** | **Date returned** | **Received by *(initials)*** | **Verified by**  **monitor**  **(date and *initials*)** | **Date sent for return to Sponsor or destruction (delete as applicable)** | **Comments** |
| 01 JAN 2020 /  15985 | BN1234 | 5998 or 50 x OP | 01/03/21 | RS | 01 MAR 2020 | SN987 | 1X60 | 49 | AT/AP | 01APR 2020 | RS | AM 01JUN 2020 | 02JUN2020 |  |
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**Investigator/Pharmacist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**