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| TGHN-256x151px | **[name of institution or group]** |  | **Pharmacy accountability form** |
| Trial number |  | Sponsor |  |
| IMP name/formulation |  | Batch/lot number/expiry date |  |

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| DATE | IMPs RECEIVED at pharmacy | | | | | | IMPs leaving pharmacy | | | | | Balance at pharmacy | | | Signature of pharmacist |
| Transaction:   * Shipment from supplier * Return from ward * Packing / labelling | Subject numbers | | No. of [units] | | | Transaction:   * Return to supplier * Supply to ward * For destruction | Subject numbers | No. of [units] | | |
| Packed | | Unpacked | Packed | | Unpacked | Packed | | Unpacked |
| Used | Unused | Used | Unused | Used | Unused |
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| Comments: | | | | | | | | | | | | | | | |
| PI signature: | | |  | | | | | | | | Date | | |  | |