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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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |