

Study Drug Reconciliation and Destruction Log

Protocol Title:			
IRB Number:		Principal Investigator:	
IP Name:		Manufacturer:	
Packaging:		Strength:	

Line #	Lot #	Patient ID and Initials	Quantity received	Total used	Total unused	Total amount of capsules sent for destruction	Date of study drug destruction	Recorder's initials/date
1								
2								
3								
4								
5								
6								
7								
8								

I hereby certify that all study drug mentioned above was received and used as noted and that all supplies have been removed from the site or sent for destruction at the site in accordance with SWOG's requirements.

Investigator/Delegate's Printed Name

Signature

Date

If documentation is done by signing this form:

The above study drug has been received: Signature and Date:	The above study drug has been destroyed: Signature and Date:
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*The study drug listed above was taken to the UMC Pharmacy for destruction. UMC Pharmacy is located at: 4815 Alameda Ave, El Paso, TX