DRUG ACCOUNTABILITY LOG

Principal Investigator: **HRC Protocol #:**

Sponsor:

Drug Name: **Drug dose form:** **Strength:**

Subject Initials	Subject ID	Lot #	Kit/ Bottle #	Date Dispensed	Quantity Dispensed	Dispensed by	Balance/ Inventory forward	Date Returned	Quantity Returned	Returned To

Principal Investigator Signature: _____ **Date:**_____

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