Drug Accountability Log	**Protocol #/Title:**

Investigator/Investigator #	Institution/Site #	Investigational Product Name/#	Lot #	Expire Date

Date Dispensed	Patient Number	Patient Initials	Number of Bottles Dispensed	Dispenser's Initials	Date Returned	Number of Bottles Returned	Receiver's Initials	Comments	Verification of Accountability

I certify that the returned drug and containers have been destroyed according to local regulations.

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Investigator Signature Date