

DRUG ACCOUNTABILTY FOR SUPPLIED IMP: PATIENT LOG FOR ONCASPAR, MANUFACTURED BY SIGMA TAU

Please complete to record patient issue/return/destruction of Oncaspar during INTENSIFICATION

Hospital Name: _____

Principal Investigator: _____

Patient Initials: _____

Trial Number: _____

DOB: _____

Treatment phase: Intensification (for Philadelphia negative patients)

Dispensing							Destruction (only relevant to unused/returned vials)		Comments
Date dispensed (dd/mm/yy)	Drug name	Day	Lot/Batch number (s)	Expiry date (dd/mm/yy)	Dose dispensed	Logged by (initials)	Date of destruction (dd/mm/yy)	Logged by (initials)	
	Oncaspar	2							
	Oncaspar	16							

Store Original in Pharmacy File. When starting a new page, please fill in page number in bottom right hand corner. When page complete, ensure Pharmacy Lead signs section below. When requested, please fax a copy to the UKALL14 Trial Coordinator on 0207 679 9861 or scan and email to ctc.ukall14@ucl.ac.uk

Signed by Pharmacy Lead (print name): _____

Signature: _____

Date: _____

For UCL CTC use only		Selected for in-depth checks?		Yes		No	
Date received: _____	Date checked: _____	Queries? Y / N		Date queries resolved: _____			
CTC staff Initials: _____		Date: _____		<i>File all correspondence relating to queries with this accountability log</i>			

