

Hospital Name:

Drug Form:

DRUG ACCOUNTABILITY FOR SUPPLIED IMP: **BALANCE LOG – Nelarabine manufactured by GlaxoSmithKline**

Please complete to record the receipt, movement and balance of Nelarabine

					If drug received:	If drug dispensed:		Balance		Comments	
ate	Quantity	Movement type 1: received 2: dispensed	Batch/Lot Number	Expiry date (dd/mm/yy)	Order intact/ complete? (y/n)	Trial number	Patient initials	Logged by (initials)	Balance in stock		
· · · · · · · · · · · · · · · · · · ·		3: destroyed		(dd/IIIII/yy)	(9/11)			(IIIIdas)			
	_	Pharmacy File pplete, ensure l Trial Coordi	Pharmacy Lead	d signs section	on below. Wi	nen reques	ted, pleas	e fax a co	py to the		
Signed by Pharmacy Lead (print name):					Signature:			Date:			
For UCL CTC use only					Select	ed for in-dep	th checks?	Yes	N	No	
Date r	Date received: Checked:					Queries? Y / N			Date queries resolved:		
CTC staff Initials: Date:				File a	File all correspondence relating to queries with this accountability log						

Principal Investigator:

Unit: