

Hospital Name:

Drug Form:

DRUG ACCOUNTABILITY FOR SUPPLIED IMP: BALANCE LOG — Palifermin manufactured by Swedish Orphan Biovitrum

Principal Investigator:

Unit:

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

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

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