**FRM035 CTIMP Quarantine Form**

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| **Study/Protocol** |  | |
| **IMP** |  | |
| **Date (DD/MMM/YYYY) and time quarantine started** |  | |
| **Reason**  (e.g temperature deviation) |  | |
| **Batch numbers affected**  (& quantity of product in each batch e.g. 3x vials BN 0126578) |  | |
| **Action taken**  (eg CRA informed) |  | **Signature:** |
| **Product suitable for use**  (attach communication) | **Yes** | **No** |
| **Date Product returned to storage location** |  | **Signature:** |
| **Date product placed for destruction**  (amend drug accountability logs) |  | **Signature:** |

**Place this form in the Quarantine folder during quarantine period**

**Place quarantined stock in a clear, sealable plastic bag if possible and attach quarantine sticker**

**Once quarantine is complete file this sheet along with any communications regarding the stock into the relevant Pharmacy Site File under “communications”**