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| **Study Name / No.** | Click here to enter text. | | | **R&D No** | Click here to enter text. |
| **Name of product:** | Click here to enter text. | **Form/Quantity** | Click here to enter text. | **Storage conditions/location** | Click here to enter text. |
| **Principal investigator:** | Click here to enter text. | **Sponsor:** | Click here to enter text. | **Site name/number:** | Click here to enter text. |

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| **IMP received** | | | | | **IMP Dispensed** | | | | | **Patient returns** | | | **Returns/destruction** | | |
| **Date received a**nd delivery no. | **Batch / Lot number** | **Med Number or quantity received** | **Expiry date** | **Received by *(initials)*** | **Date** | **Subject number** | **Number of Units**  **(if applicable)** | **Disp by/ checked by** | **Remaining quantity** | **Date returned** | **Quantity returned (used/**  **unused)** | **Received by *(initals)*** | **Verified by**  **monitor**  **(*initials*)** | **Date sent for return or destruction (delete as applicable)** | **Comments** |
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