**FRM074 Safe Handling of IMP Returns (to go with SOP082)**

**Pharmacy Clinical Trials**

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| **Returns Slip for IMP (Checklist) R&D Staff to complete** | |
| Study Protocol Number |  |
| Subject Study ID |  |
| Date returns brought to hospital |  |
| Confirmation that there are no prohibited items in the bag i.e. sharps waste, cytotoxic waste, medical devices (except where authorised) or non-study related material |  |
| Details pharmacy should be aware of (e.g., missing items, IMP outside of packaging etc) |  |
| Does the study team need notifying of returned quantity within 24 hours? | Y/N |
| R&D Staff signature and name |  |
| **Pharmacy to complete** | |
| Received by pharmacy staff:  Name and date |  |
| Returns processed by pharmacy trials: Name and date |  |
| Quantity of returns processed by pharmacy |  |
| Study team notified by:  Name and date |  |

**Pharmacy Staff: Please place these returns in the grey box in the pharmacy trials room immediately – do not place with general returns**