**Royal Papworth Hospital NHS Foundation Trust**

**Pharmacy Clinical Trials Department**

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| **Returns Slip for IMP (Checklist)** | |
| 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 or non-study related material |  |
| Staff signature and name |  |
| Comments |  |
| Date received in pharmacy |  |