**Please refer to SOP081 for full procedure.**

**All IMP that is no longer suitable for use in a study may be destroyed upon the authorisation of the Sponsor (or a delegated representative) following verification of drug accountability as required by the study protocol.**

**IMP for commercial studies may be destroyed by Royal Papworth Hospital NHS Foundation Trust Pharmacy if it has been agreed and in the current study contract – however return to Sponsor is preferred. NB Certificates of destruction will not be provided**

**Details of Study**

|  |  |  |  |
| --- | --- | --- | --- |
| Study Name/Protocol # |  | | |
| R&D No |  | PI |  |
| Monitor |  | R&D study manager |  |
| Site # (if multisite) |  | Pharmacist |  |
| Sponsor |  | Sponsor approver (name) |  |

**Authorisation checks**

|  |  |
| --- | --- |
| **Description of IMP for destruction NB if multiple drugs per study, then complete one form for each**  **NB: this section must provide detail on whether the destruction is of unused IMP or IMP waste/empties** | i.e drug name, form, strength. |
| **Reason for destruction:** |  |
| **Decision agreed by/at meeting (date):** |  |
| **Date of last monitoring visit:** |  |
| **Any outstanding IMP related issues:** |  |
| **Clinical Study Report complete:**  **Accountability logs verified and up to date** | **Yes No**  **Yes No** |
| **How will IMP be destroyed and by who?** |  |

**Description of IMP for destruction:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of IMP** | **Tick** | **Details or attach IWRS report with full details** | **Quantity destroyed** |
| **Patient returns** |  | **Subject numbers (or all):** |  |
| *Indicate quantity of unused IMP and empty containers if applicable* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Unused Stock** |  | **BN: Exp:** |  |
|  |  | **BN: Exp:** |  |
|  |  | **BN: Exp:** |  |
| **Expired Stock** |  | **BN: Exp:** |  |
|  |  | **BN: Exp:** |  |
|  |  | **BN: Exp:** |  |
| **Damaged Stock** |  | **BN: Exp:** |  |
|  |  |  |  |
|  |  |  |  |

**Destruction Authorised by**:

I authorise the destruction of all above described IMP for this study

|  |  |
| --- | --- |
| Name: |  |
| Role:  (Sponsor Representative) |  |
| Date: |  |

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**Pharmacy to complete:**

All IMP described above has been verified by a monitor and there are no outstanding issues relating to the IMP for these subjects/ this trial.

The above documented returns have been placed for destruction in the relevant waste container and sealed as per the trust policy for the disposal of pharmaceutical waste. A certificate of destruction will not be issued.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Destroyed by |  | Signature |  | Date |  |
| Witnessed by |  | Signature |  | Date |  |

File original in Pharmacy Site File, a copy should be sent to the trial CPM/Trials co-ordinator for evidence of action.