PAGE \_\_\_\_\_ OF \_\_\_\_\_

*Study Product Accountability Record Division of AIDS (DAIDS) National Institute of Allergy and Infectious Diseases (NIAID)*

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| Clinical Research Site Name | | | Clinical Research Site Number | |
| Investigator of Record Name | | | Investigator Number | |
| Protocol Number | Study Product Name | | Strength and Dosage Form | |
| Package Size | Manufacturer | Lot Number | NSC Number | Storage Temperature |
| 🞎 Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Date of Manufacture:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Re-Test Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note: Certain dates may not be available for all study products. Complete as appropriate.* | | | | |

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|  | Rx Number | Date | SID | PID | Quantity Dispensed or Received | Balance  Balance Forward  \_\_\_\_\_\_ | R.Ph. Initials | Comments |
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All entries must be made in ink. Corrections may be made by drawing a line through the incorrect entry, then enter the correct entry and initial the correction.