

INVESTIGATIONAL PRODUCT ACCOUNTABILITY RECORD (FORM G)

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Clinical Research Site Name			Clinical Research Site Number	
Investigator of Record Name			Protocol Number	
Investigational Product Name:			Strength and Dosage Form	
Package Size	Manufacturer	Lot Number	Storage Temperature	Expiration Date*

** Note: Expiration dates may not be available for all IPs.*

#	Date	Subject ID# (SID)	Quantity Dispensed (-) or Received (+)	Quantity Destroyed, Returned, or Transferred* (-) <small>(*must indicate methods and reason for destruction, return, or transfer in the comments)</small>	Balance/ Inventory Forward	Pharmacist/ Tech Initial	Comments <small>(indicate discrepancies, methods, and reasons for destruction, return, or transfer of IP.)</small>
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