Investigational Agent Accountability Record	PAGE NO.
Name of Institution:	Protocol Number:
Agent Name:	Dose Form and Strength:
Protocol Title:	Dispensing Area:
Investigator Name:	Investigator or site Number

Line No.	Date	Participant's Initials	Participant's ID No.	Dose	Quantity Dispensed Or Received	Balance Forward	Lot Number	Rcpt / Disp Recorded By		Date Returned	Qty Return	Recorder 's Initials
1.												
2.												
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