

Patient Take-Home Investigational Product Return Form

Place this form inside a bag with the patient returned investigational product and drop it off at **NIH Building 10 Room 6C417**. For questions regarding the investigational product return procedure, please call 301-402-3268 (ext.4).

CC Protocol#: <i>(##-AB-####)</i>		Principal Investigator: <i>(Print Name)</i>	
Patient Name: <i>(Print Name)</i>		Patient MRN: <i>(##-##-##-#)</i>	

Please fill out one (1) form per Dosage Strength.

Drug Name: <i>(As appeared on Rx)</i>		Dosage Strength: <i>(e.g. mg, mcg, etc.)</i>	
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Date Dispensed to Patient	Quantity Dispensed	Dosage Form <i>(e.g. tablets, capsules, etc.)</i>	Date Returned by Patient	Quantity Returned
____/____/20____ <i>(MM/DD/YYYY)</i>			____/____/20____ <i>(MM/DD/YYYY)</i>	
____/____/20____ <i>(MM/DD/YYYY)</i>			____/____/20____ <i>(MM/DD/YYYY)</i>	
____/____/20____ <i>(MM/DD/YYYY)</i>			____/____/20____ <i>(MM/DD/YYYY)</i>	

Study Coordinator/Research Nurse: <i>(Print Name)</i>		Study Coordinator/Research Nurse Phone #:	
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FOR IDCU USE ONLY

Warning: any unidentifiable product left in NIH Building 10 Room 6C417 will be discarded as hazardous waste.