**MASTER DRUG ACCOUNTABILITY LOG**

Principal Investigator:       Protocol:

IRB Protocol #:       Sponsor:

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| **RECEIPT** | | | | **DISPENSE** | | **RETURN** | | **DESTRUCTION/RETURN to Sponsor** | |
| **From Label** | | **Date** **Received** | **Initials** | **Date Dispensed to Subject** | **Initials** | **Date Returned to Site** | **Initials** | **Date** | **Initials** |
| Kit/lot # | **Expiration** |  |  |  |  |  |  |  |  |
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**Principal Investigator Signature: Date:**