|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Was drug accountability performed?** | | Yes | | |  |
|  | | No | | |  |
| **<NAME OF STUDY TREATMENT>** | | | **Batch Number:** | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
|  |  | |  | |  |
| **Date of dispensation:** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | | |  |  |
|  |  | |  | |  |
| **Amount dispensed:** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | **.** |  |  | | | **<units>** | |  |
| **Date of return:** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y | | |  | |  |
| **Amount returned:** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | **.** |  |  |   . | | **<units>** | |  |
|  |  | |  | |  |

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