

Batch Investigational Product Accountability Log

Protocol #: _____
IMP: _____
Batch no: _____
Container definition: _____

Investigator name: _____
Site ID: _____
IMP dosage form: _____
Starting balance _____

Participant number	Initials	Dispensing information					Return information			Completed by the monitor			Comments
		Visit no	Date dispensed	Amount dispensed	Initial	Balance	Date returned	Amount returned	Counted by (Initials)	Amount Counted	Date	Initials	