

Investigational Product Returns Log

Protocol #: _____

Investigator name: _____

Site ID: _____

IMP name	Treatment code	Date received	Lot/batch no.	Expiry date	Quantity Received			Quantity Dispensed			Quantity Retained			QC (initial)
					Packed		Unpacked	Packed		Unpacked	Packed		Unpacked	
					Used	Unused		Used	Unused		Used	Unused		

Completed by	Designation	Signature	Date	Comment
Received by	Designation	Signature	Date	Comment