|  |  |
| --- | --- |
| **Study ID:** | A | | Z | |\_\_\_| |\_\_\_| |\_\_\_| |\_\_\_| | **Site Name:** |
| **Principal Investigator:** | |

**Treatment Pack Reconciliation Form**

Complete one form for each trial participant. **Please file the original in the Investigator Site File, or Pharmacy Site File.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Site use only** | | | | | |
| SECTION A | Pack ID:  |\_\_\_| |\_\_\_| |\_\_\_| |\_\_\_| | Vial used and discarded in to sharps bin | | Vial spoilt/wasted and discarded in sharps bin | | Vial not used |
| *Please indicate by ticking below* | | | | |
| Vial 1 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 2 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 3 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 4 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 5 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 6 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 7 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 8 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 9 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 10 | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 11\* | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| Vial 12\* | |\_\_\_| | | |\_\_\_| | | |\_\_\_| |
| *\*NB: Vials 11 and 12 are spare- for use in the event of spoil/wastage* | | | | | |
| Comments: | | | | | |
| **Print name:** | | **Signed**: | | **Dated**: | |

***When section A is completed, Site to email/fax to CTR (Email:*** [***AZTEC@Cardiff.ac.uk***](mailto:AZTEC@Cardiff.ac.uk)***; Fax: 029 2251 9700)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section B | **CTR use only** | | | | |
| Accountability demonstrated (tick): | Yes |\_\_\_| | | No |\_\_\_| | Date: \_\_\_\_\_\_\_\_\_\_\_ |
| Disposal of unused vials/treatment pack authorised: | Yes |\_\_\_| | | No |\_\_\_| | Date: \_\_\_\_\_\_\_\_\_\_\_ |
| If no, indicate follow up actions: | | | | |
| Print name: | | Signature: | | |

***When section B is completed, CTR to email/fax to site***

|  |  |  |  |
| --- | --- | --- | --- |
| Section C | **Disposal record- for completion at site** | | |
| Date disposed: | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of vials disposed: |\_\_\_| |
| Signature of person disposing unused vials and treatment pack: |  | |
| Print name: |  | |

***When section C is completed, site to fax/email to CTR (Email:*** [***AZTEC@Cardiff.ac.uk***](mailto:AZTEC@Cardiff.ac.uk)***; Fax: 029 2251 9700)***