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| Sample Investigational Drug/Biologic Accountability Log |  | PAGE NO.  |
| Name of Institution: | Protocol Number:  |
|  |  |
| Agent Name: | Dose Form and Strength:  |
|  |  |
| Protocol Title:  | Dispensing Area:  |
|  |  |
| Investigator Name: | Investigator or site Number |
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| Line No. | Date | Participant’s Initials | Participant’s ID No. | Dose | Quantity Dispensed Or Received | Balance Forward | Lot Number | Rcpt / Disp Recorded By |  | Date Returned | Qty Return | Recorder’s Initials |
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