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| **IMP Dispensing and Accountability log** |

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| Study Protocol title |  | | |
| Clinical Trials Registry ID/number: |  | | |
| Clinical Research Site Name and Number (if applicable) |  | | |
| Investigator of Record Name and Number (if applicable) |  | | |
| Strength and Dosage Form |  | | |
| Manufacturer |  | | |
| Storage Temperature |  | Expiration Date |  |
| Group, kit and lot number |  | | |
| Principal Investigator Name |  | | |

|  | **Date** | **Participant ID** | **(kit ID)** | **Quantity dispensed or received** | **R. Ph. Initials** | **Comment** |
| --- | --- | --- | --- | --- | --- | --- |
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