

Kilimanjaro Christian Medical Center KCMC-Duke University Kilimanjaro AIDS Program Study Accountability Record
--

Name of Institution		Site Number		Investigator of Record		Investigator No.	
Protocol Number:		Study Product Name/Strength/Dosage Form:				NSC No.	
Package Size:		Manufacturer:		Storage Temp: Form		Lot Number*:	
						Expiration Date*:	

\* Please note: Only ONE lot number per page. Expiration dates may not be available for all products.

[illegible]