

Kilimanjaro Christian Medical Center – THIRST Study
Investigational Drug Accountability Record

Drug: _____

Dispensing Area: _____

Protocol: THIRST

Investigator: _____

Page _____

Lot Number: _____

Expiration Date: _____

Store at _____

	Date	Issued To or Received From	Units	Quantity Disp'd or Rec'd	Bal Forw Balance	RPh	Received By (Signature)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							