

Kilimanjaro Christian Medical Centre  
THIRST Study  
Drug Transfer Form

Date:	8/27/05
Study Drug:	Trizivir
Lot Number:*	AF2591
Expiration Date:	4/31/07
Transferred From (name of Pharmacy):	KCMC
Amount received from Transferring Pharmacy. Specify bottles or tablets:	5 bottles
Signature of Person Receiving Drug:	<i>Humphrey Shao</i>
Date of Receipt:	8/27/05
Transferred To (name of pharmacy):	Marangu
Signature of Pharmacist at Second Site Receiving the Drug:	<i>Jill Compound</i>
Date of Receipt at Second Site:	8/27/05

*\* Please note: Only ONE lot number per page.*

The receiving Pharmacist must enter the drug received into the THIRST study Drug Accountability Record at the Site.

Return the original form to the Central Pharmacy at KCMC. Copies will be maintained by the THIRST Study Coordinator and the Remote Site Pharmacy.