

Investigational Agent Accountability Record

Name of Institution:	Protocol Number:
Agent Name:	Dose Form and Strength:
Protocol Title:	Dispensing Area:
Investigator Name:	Investigator or site Number

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
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											

