

APPENDIX 6: INVESTIGATIONAL PRODUCT ACCOUNTABILITY AND DISPOSITION FORM

A pharmacist should complete and return this form within 14 days of the patient completing treatment.

*Please return completed form to the CDC Meningitis and Vaccine Preventable Diseases Branch:
wvh5@cdc.gov or fax (678) 669-2771*

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| PATIENT ID: _____ |
| DRUG ACCOUNTABILITY: # of DAT Ampoules Received: _____ Date Received: ____/____/____ Lot # of DAT: _____ # of DAT Ampoules Used: _____ START Date: ____/____/____ END Date: ____/____/____ Number of DAT Ampoules Remaining upon completion of treatment: _____ |
| RETURN of UNUSED, INTACT DAT AMPOULES: Unopened and unused DAT ampoules should be returned to CDC Drug Service by <u>maintaining the cold chain</u> and shipping to following address for arrival on a weekday: CDC DRUG SERVICE Mailstop H23-6 1600 CLIFTON RD NE ATLANTA, GA 30329 Telephone: 404-639-3670 Please contact CDC Drug Service (404-639-3670 or drugservice@cdc.gov) to notify the staff of the return shipment of DAT and provide shipment information (e.g., date of shipment, arrival date, courier, tracking #). # of DAT Ampoules Returned: _____/____ Date Returned: ____/____/____ <i>*If unopened and unused DAT cannot be returned, contact CDC Drug Service:</i> <i>404-639-3670 or drugservice@cdc.gov</i> |
| Name of Pharmacist Responsible for Product Accountability: _____ Signature of Pharmacist Responsible for Product Accountability: _____ Date of Signature: ____/____/____ |