# Device Accountability Log

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| R# |  | Study Title |  |
| Principal Investigator |  | Sponsor |  |

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| Date Received | Received By  (initials) | From Label | | | Device Disposition | | | |
| Model # | Serial # | Lot # | Subject | Date Used | Date Destroyed | Date Returned |
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If applicable, note date of device returned and by whom

**Principal Investigator Signature: Date:**