# Drug Accountability Log

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| R# |       | Study Title |       |
| Principal Investigator |       | Sponsor |       |
| Drug Name |       | Strength |       |
| Dose |       |  |  |

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| Subject Initials | Subject ID | Lot # | Kit/Bottle # | Date Dispensed | Quantity Dispensed | Dispensed by | Balance/Inventory forward | Date Returned | Quantity Returned | Returned To |
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If applicable, note date of device returned and by whom

**Principal Investigator Signature: Date:**