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National Institutes of Health
National Cancer Institute

Division of Cancer Treatment and Diagnosis
Cancer Therapy Evaluation Program

PAGE NO.

CONTROL RECORD ☐

SATELLITE RECORD ☐

Investigational Agent Accountability Record

Name of Institution:	NCI Protocol No.:
Agent Name:	Dose Form and Strength:
Protocol Title:	Dispensing Area:
Investigator Name:	NCI Investigator No.:

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward / Balance	Manufacturer and Lot No.	Recorder's Initials
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
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