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National Institutes of Health

Investigational Agent Accountability Record Oral agents ONLY Name of Institution:							National Institutes of Health National Cancer Institute Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program Investigator Name:				PAGE NO. CONTROL RECORD □ SATELLITE RECORD □			
													NCI Investigator No	
Protocol Title: Agent Name:						NCI Protocol No:		Local Protocol No:		Dispensing A	Area	1		
						Dose Form and Strength.				Bottle size (e.g., # tablets/bottle):				
Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quant Dispense Receiv	ed or	Balance Forward Balance	Manufacturer and Lot No.	Recorder's Initials		Date Patient Returned	Quantity Patient Returned	Recorder's Initials	
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