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OMB No. 0925-0613  
Expires: 11/30/2013  
NIH-2564

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|------------------------------------------------------------|--|---------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|
| National Institutes of Health<br>National Cancer Institute |  | Division of Cancer Treatment and Diagnosis<br>Cancer Therapy Evaluation Program |  | PAGE NO.<br>CONTROL RECORD <input type="checkbox"/><br>SATELLITE RECORD <input type="checkbox"/> |  |
| 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 | Manufacturer and Lot No. | Recorder's Initials |
|----------|------|--------------------|------------------|------|--------------------------------|-----------------|--------------------------|---------------------|
|          |      |                    |                  |      |                                | Balance         |                          |                     |
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| 18.      |      |                    |                  |      |                                |                 |                          |                     |
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| 20.      |      |                    |                  |      |                                |                 |                          |                     |
| 21.      |      |                    |                  |      |                                |                 |                          |                     |
| 22.      |      |                    |                  |      |                                |                 |                          |                     |