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Investigational Agent Accountability Record

Oral agents ONLY

National Institutes of Health
National Cancer Institute
Division of Cancer Treatment and Diagnosis
Cancer Therapy Evaluation Program

PAGE NO.

CONTROL RECORD ☐

SATELLITE RECORD ☐

Name of Institution:	Investigator Name:		NCI Investigator No
Protocol Title:	NCI Protocol No:	Local Protocol No:	Dispensing Area
Agent Name:	Dose Form and Strength.		Bottle size (e.g., # tablets/bottle):

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	Expiration Date (if available)	Date Patient Returned	Quantity Patient Returned	Recorder's Initials
1.												
2.												
3.												
4.												
5.												
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