Collection of this information is authorized under 21 CFR 312.57. This information is collected to ensure compliance with Food and Drug Administration (FDA) requirements for NCI as an NDI sponsor and that investigational agents are under the control and accounted for by competent authority. The information may be disclosed to researchers for investigational purposes, sponsors of clinical trials and their company collaborators, the applicable Institutional Review Board, NCI, FDA and Department of Health and Human Services. Submission of this information is voluntary, however, in order for you to conduct a study in accordance with relevant, current protocols, you must complete all fields.

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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 A	Area		
Agent Name:						Dose Form and Strength.				Bottle size (e.g., # tablets/bottle):			
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Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quant Dispense Receiv	ed or	alance Forward Balance	Manufacturer and Lot No.	Recorder's Initials	Expiration Date (if available)	Date Patient Returned	Quantity Patient Returned	Recorder's Initials
1.													
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