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National Institutes of Health National Cancer Institute	Cancer Therapy Evaluation Program		PAGE NO.		
			CONTROL RECORD		
Investigational Agent Accountability Record			SATELLITE RECORD		
Name of Institution:		NCI Protocol No.:			
Agent Name:		Dose Form and St	rength:		
Protocol Title:		Dispensing Area:			
Investigator Name:		CTEP Investigator	ID:		

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
2.								
3.								
4.								
5.								
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