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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: | | CTEP Investigator ID: |
|---|---|---|---|
| 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 |
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