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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
1.												
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