

**NCRI AML17 Trial
Cumulative Drug Accountability for CEP-701/Placebo**

Study: AML17

Name of Site: _____

Pharmacy Contact: _____

Study Drug:

Lot Number: _____

| Date (dd-mmm-yyyy) | Patient Trial Number | Patient Initials | Quantity | | | Initials of receiver | Initials of preparer | Bottles Returned/ Destroyed (Date/Initials) |
|-----------------------|-------------------------|---------------------|------------------|-------------------|------------|-------------------------|-------------------------|---|
| | | | Bottles received | Bottles dispensed | Cumulative | | | |
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Comments: _____

Signature of Pharmacist: _____ **Name:** _____ **Date:** _____