**IMP-Dispensing Log**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Site information** | | | |
| **Study No:** |  | **Site ID:** |  |
| **Sponsor** (if applicable): |  | **Principal Investigator:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Investigational Medical Product (IMP)** | | | |
| **IMP name:** |  | **Typ:** |  |
| **Comments:** |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **IMP Dispensing Tracker** | | | | | | | | | | |
| **IMP-Dispensing** | | | | | | | **Responsible person** | | **Comments** |
| **Patient ID** | **Date\*** | **Time** (hh:mm) | **Dose** | **Batch No.** | **IMP No.**  If applicable, e.g. vial No. | Person at site (initials) | | Checked by PM/CRA  (Initials & Date) |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |

\*Date of IMP Dispensing & Destruction and Initials of responsible person also indicates the date that the medication was placed in a waste container for hazardous/cytotoxic chemicals for the purpose of containment until destruction. For the verification only the empty IMP has to be stored for PM/CRA.