**IMP-Inventory Log**

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

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| **2. Investigational Medical Product (IMP)** | | | |
| **IMP name:** |  | **Batch-No.:** |  |
| **Type:** |  | **Expiry date:** |  |
| **Comments:** |  | | |

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| **3. Inventory Overview** | | | | | | | | | | |
| **IMP Receipt** | | **IMP-Dispensing** | | | **IMP-Destruction/Return** | | **Balance** | | **Responsible persons** | |
| **Date** | **Number IMP received** | **Date** | **Patient ID** | **Number IMP dispensed** | **Date** | **Number IMP destr./returned** | **Current IMP status** | **Comments** | **Person at site**  (initials) | **Checked by PM/CRA** (Date & Initials) |
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