**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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