**IMP-Return/Destruction Log**

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

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| 1. **2. Investigational Medical Product (IMP)**
 |
| **IMP name:** |  | **Type:** | Please select type of IMP. |
| **Comments:** |  |

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| 1. **3. Destruction-/Return documentation**
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| **Destruction locally/at site:** [ ]  | **Return to Sponsor/Manufacturer/Supplier:** [ ]  |
| **Date of destruction** (DD-MM-YYYY)**:**  | **Date of return** (DD-MM-YYYY)**:**  |
| **Method/Type of destruction:** General Sponsor authorization is required before onsite destruction. Refer to the corresponding document, if applicable. | **Courier service:**  |
| **Reason for destruction:** | Please select reason for destruction. | **Reason for return:** | Please select reason for return. |
| **Comments:** | **Comments:** |
| **Batch No.** | **Number IMP destroyed** | **Batch No.** | **Number of returned IMP** |
| **used** | **unused** | **used** | **Unused** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total:** |  |  | **Total:** |  |  |

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| 1. **4. Responsible persons**
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| **Responsible person for destruction/return at site:** | **Checked and verified by PM/CRA:** |
| Name: |  | Name: |  |
| Signature: |  | Signature: |  |
| Date: |  | Date: |  |